

**State of Utah
Department of Human Services
Division of Aging and Adult Services**

**Adult
Protective
Services**
Policy Manual

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Table of Contents

INTRODUCTION	3
ADULT PROTECTIVE SERVICES DEFINITIONS.....	4
ADULT SERVICES ELIGIBILITY	14
INTAKE	20
INVESTIGATION	25
EMERGENCY PLACEMENTS	35
SHORT TERM SERVICES	38
PROTECTIVE PAYEE	43
ADULT DAY CARE	49
FOSTER CARE CLIENT SERVICES.....	52
FOSTER CARE PROVIDER SERVICES	56
STANDARDS FOR ADULT FOSTER AND EMERGENCY CARE	59
FAMILY SUPPORT SERVICES	62
LEGAL INTERVENTIONS.....	67
PREPARATION AND MAINTENANCE OF CLIENT RECORDS.....	74
QUALITY ASSURANCE.....	81
TERMINATION OF SERVICES	83
TRAINING	86

INTRODUCTION

The Division of Aging and Adult Services issues a policy and procedures manual for the use of the Adult Protective Services staff. This manual replaces all prior Adult Protective Services Manuals and will be updated as policies and procedures change to better meet the needs of the people we serve.

Authority

- Adult Protective Services are mandated by both State (U.C.A. 62A-3-302) and Federal statutes (Older Americans Act, Title VII, Chapter 3). The Utah State Department of Human Services is the umbrella agency with oversight responsibility for the Division of Aging and Adult Services. The Adult Protective Services agency is a unit of the Division of Aging and Adult Services.

Purpose

- Adult Protective Services shall investigate or cause to be investigated reports of alleged abuse, neglect, or exploitation of vulnerable adults occurring in all settings and, where appropriate, shall provide short-term, limited protective services with the permission of the affected vulnerable adult or the guardian of the vulnerable adult.

Beliefs

- Services shall be consistent, if at all possible, with the accustomed lifestyle of the vulnerable adult.
- The vulnerable adult has the right to self-determination.
- All services provided are voluntary unless court ordered.
- Services provided should be least restrictive in nature and community based when possible.
- Family members and others who are concerned for the vulnerable adult should be allowed and encouraged to take responsibility. The State will accept responsibility only when no other resource is available.
- Coordination and cooperation with other agencies to protect vulnerable adults is an expectation.
- Vulnerable adults, other agencies and staff will be treated in a courteous, dignified and professional manner.

ADULT PROTECTIVE SERVICES

DEFINITIONS

1. **Abandonment:**
Means any knowing or intentional action or inaction, including desertion, by a person or entity acting as a caretaker for a vulnerable adult that leaves the vulnerable adult without the means or ability to obtain necessary food, clothing, shelter, medical, or other health care. UCA 62A-3-301(1).
2. **Abuse:**
Means attempting to cause harm, intentionally or knowingly causing harm, or intentionally or knowingly placing another in fear of imminent harm;
 - a. Unreasonable or inappropriate use of physical restraint, medication, or isolation that causes or is likely to cause harm to a vulnerable adult that is in conflict with a physician's orders or used as an unauthorized substitute for treatment, unless that conduct furthers the health and safety of the adult;
 - b. Emotional or psychological abuse;
 - c. Sexual offense as described in Title 76, Chapter 5, Offenses Against the Person; or
 - d. Deprivation of life sustaining treatment, except: as provided in Title 75, Chapter 2, Part 11, Personal Choice and Living Will Act; or when informed consent, as defined in Section 76-5-111, has been obtained. UCA 62A-3-301(2).
3. **Adult:**
Means a person who is 18 years of age or older. UCA 62A-3-301(3).
4. **Adult Protection Case File:**
Means documents and information contained in the file maintained by Adult Protective Services on a particular case, including any report or other notification received by the division of Adult protective Services. UCA 62A-3-301(4).
5. **Adult Protective Services:**
Means the unit within the division responsible to investigate abuse, neglect, and exploitation of vulnerable adults and provide appropriate protective services. UCA 62A-3-301(5).

6. **Bureau of Health Facility Licensure:**
The bureau that conducts health facility inspections, issues licenses, and investigates complaints about licensed and unlicensed facilities.
7. **Bureau of Medicare \ Medicaid Program Certification and Resident Assessment:**
The bureau that conducts investigations, fact-finding surveys, and follow-up action on health care facilities which receive reimbursement from Title XIX and Medicare. Each Medicaid patient/resident in a certified skilled nursing facility, intermediate care facility, institution for mentally retarded, swing bed hospitals, or institution for mental disease must be evaluated at least annually for adequacy, quality, and appropriateness of health care being provided for them.
8. **Bureau of Medicaid Fraud:**
The bureau that is mandated to review complaints of abuse and neglect of patients of health care facilities receiving payments from Medicaid and for acting upon those complaints under the criminal laws of the State. Jurisdiction of Bureau is limited to institutions receiving Medicaid reimbursement; they are able to investigate regardless of whether the resident is on Medicaid.
9. **Caretaker:**
Means any person, entity, corporation, or public institution that assumes the responsibility to provide a vulnerable adult with care, food, shelter, clothing, supervision, medical or other health care, or other necessities. "Caretaker" includes a relative by blood or marriage, a household member, a person who is employed or who provides volunteer work, or a person who contracts or is under court order to provide care. UCA 62A-3-301(6).
10. **Conservator:**
An Individual or Entity Agency Conservator appointed by the court for a person who is unable to manage his/her property for reasons such as mental illness, mental deficiency, physical illness or disability, advanced age, chronic use of drugs, chronic intoxication, confinement, or disappearance; and the person has property which will be wasted or dissipated unless proper management is provided, or that funds are needed for the support, care, and welfare of the person or those entitled to be supported by him/her.
11. **Criminal Offenses:**
Offenses against vulnerable adults detailed in UCA 76-5-111.
12. **Department:**
Means the Utah State Department of Human Services.
13. **Division:**
The Utah State Division of Aging and Adult Services and the Regional Offices.

14. **Direct Service:**
Services provided to a client directly by Adult Protective Services.
15. **Elder Abuse:**
Means abuse, neglect or exploitation of an elder adult. UCA 62A-3-301(8).
16. **Elder Adult:**
Means any person 65 years of age or older. UCA 62A-3-301(9).
17. **Emergency:**
Means a circumstance in which a vulnerable adult is at an immediate risk of death or serious physical injury or is at risk of immediate, serious harm. Risk of immediate, serious harm includes exploitation that results in the inability of a vulnerable adult to provide funds for immediate needs, including food, shelter, and necessary medical care. UCA 62A-3-301(10)
18. **Emotional or Psychological Abuse:**
Means intentional or knowing verbal or nonverbal conduct directed at a vulnerable adult including ridiculing, intimidating, yelling, swearing, threatening, isolating, coercing, harassing, or other forms of intimidating behavior that results or could result in the vulnerable adult suffering mental anguish or emotional distress, including fear, humiliation, degradation, agitation, confusion, or isolation. UCA 62A-3-301(11).
19. **Exploitation**
A person commits the offense of exploitation of a vulnerable adult when the person:
- a. Is in a position of trust and confidence, or has a business relationship, with the vulnerable adult and knowingly, by deception or intimidation, obtains or uses, or endeavors to obtain or use, the vulnerable adult's funds, credit, assets, or property with the intent to temporarily or permanently deprive the vulnerable adult of the use, benefit or possession of his property for the benefit of someone other than the vulnerable adult;
 - b. Knows or should know that the vulnerable adult lacks the capacity to consent, and obtains or uses, or endeavors to obtain or use, or assists another in obtaining or using or endeavoring to obtain or use, the vulnerable adult's funds, assets, or property with the intent to temporarily or permanently deprive the vulnerable adult of the use, benefit, or possession of his property for the benefit of someone other than the vulnerable adult;
 - c. Unjustly or improperly uses or manages the resources of a vulnerable adult for the profit or advantage of someone other than the vulnerable adult;

- d. Unjustly or improperly uses a vulnerable adult's power of attorney or guardianship for the profit or advantage of someone other than the vulnerable adult;
 - e. Involves a vulnerable adult who lacks the capacity to consent in the facilitation or furtherance of any criminal activity; or
 - f. Commits sexual exploitation of a vulnerable adult. UCA 76-5-111(4).
20. **Guardian of an Incapacitated Person:**
The individual or agency appointed by a court who has the same powers, rights and duties respecting the ward that a parent has respecting the unemancipated minor child. The duration of the appointment is as the court orders, or until the guardian is removed by court order. A guardian cannot be appointed unless the court finds the subject adult is so mentally impaired by reason of mental illness, mental deficiency, physical illness or disability, advanced age, chronic use of drugs, chronic intoxication, or other causes that he lacks the capacity to make or communicate responsible decisions concerning his/her person. A guardian should be appointed only when the subject adult is incapable of exercising control over major aspects of his life.
21. **Harm:**
Means pain, mental anguish, emotional distress, hurt, physical or psychological damage, physical injury, serious physical injury, suffering, or distress inflicted knowingly or intentionally. UCA 62A-3-301(13).
22. **Hazardous Living Conditions:**
A physical environment which jeopardizes the health and/or safety of a vulnerable adult.
23. **Incapacitated Person:**
Means any person whose decision making process is impaired by reason of mental illness, mental deficiency, physical illness or disability, chronic use of drugs, chronic intoxication, or other cause, except minority, or the person has unusually bad judgment, highly impaired memory, or severe loss of behavior control, to the extent that the person is unable to care for his or her personal safety or is unable to attend to and provide for such necessities as food, shelter, clothing, and medical care without which physical injury or illness may occur. UCA 75-1-201 (18).
24. **Intentionally:**
Means that a person engages in conduct with intent or willfully, with respect to the nature of his conduct or to a result of his conduct, when it is his conscious objective or desire to engage in the conduct or cause the result. UCA 76-2-103 (1).

25. **Intimidation:**

Means communication through verbal or nonverbal conduct which threatens deprivation of money, food, clothing, medicine, shelter, social interaction, social interaction, supervision, health care, or companionship, or which threatens isolation or abuse. UCA 62A-3-301(14).

26. **Isolation:**

Means knowingly or intentionally preventing a vulnerable adult from having contact with another person by:

- a. Preventing the vulnerable adult from receiving visitors, mail, or telephone calls, contrary to the express wishes of the vulnerable adult, including communicating to a visitor that the vulnerable adult is not present or does not want to meet with or talk to the visitor, knowing that communication to be false.
- b. Physically restraining the vulnerable adult in order to prevent the vulnerable adult from meeting with a visitor; or
- c. Making false or misleading statements to the vulnerable adult in order to induce the vulnerable adult to refuse to receive communication from visitors or other family members.

The term isolation does not include an act intended to protect the physical or mental welfare of the vulnerable adult or an act performed pursuant to the treatment plan or instructions of a physician or other professional advisor of the vulnerable adult. UCA 62A-3-201 (15).

27. **Knowingly:**

Means, with respect to a person's conduct or the circumstances surrounding his conduct, when he is aware of the nature of his conduct or the existing circumstances. A person acts knowingly, or with knowledge, with respect to a result of his conduct when he is aware that his conduct is reasonably certain to cause the result. UCA 76-2-103(2).

28. **Lacks Capacity to consent:**

Means an impairment by reason of mental illness, developmental disability, organic brain disorder, physical illness or disability, chronic use of drugs, chronic intoxication, short-term memory loss, or other cause to the extent that a vulnerable adult lacks sufficient understanding of the nature or consequences of decisions concerning the adult's person or property. 76-5-111.UCA 62A-3-301(16).

29. **Limited Guardianship:**

Anything less than a full guardianship. The terms of limited guardianship are set in the court order. UCA 75-5-304 expresses a legal preference for appointment of limited rather than full guardianship.

30. **Long Term Care Ombudsman Program:**

An advocacy program for residents of long term care facilities, including "any skilled nursing facility, intermediate care facility, nursing home, adult foster care home, through which room and personal care services are provided for adults 60 years of age or older, who because of physical, economic, social, or emotional problems cannot function normally on an independent basis." The Long Term Care Ombudsman performs the following duties:

- a. Investigates and resolves complaints made by or for adults in long term care facilities.
- b. Monitors policies that relate to long term care residents.
- c. Provides information to the public.
- d. Train volunteers and assists in the development of citizen organizations to participate in the Ombudsman Program.

Sub-state ombudsman should be used for the above complaints or referrals. Through a Memo of Agreement, the State Ombudsman Program acts as a central intake for all complaints regarding long term care residents. UCA 62A-3-201.

31. **Neglect:**

Means failure of a caretaker to provide nutrition, clothing, shelter, supervision, personal care, or dental, medical, or other health care; or:

- a. Failure to provide protection from health and safety hazards or maltreatment;
- b. Failure to provide care to a vulnerable adult in a timely manner and with the degree of care that a reasonable person in a like position would exercise;
- c. A pattern of conduct by a caretaker without the vulnerable adult's informed consent, resulting in deprivation of food, water, medication, health care, shelter, cooling, heating, or other services necessary to maintain the vulnerable adult's well being;

- d. Knowing or intentional failure by a caretaker to carry out a prescribed treatment plan that causes or is likely to cause harm to the vulnerable adult;
 - e. Self-neglect by the vulnerable adult; or
 - f. Abandonment by a caretaker. UCA 62A-3-301 (17).
32. **Other Like Incapacities:**
Means those conditions incurred as a result of accident, mental or physical illness producing a condition which substantially impairs individuals from adequately providing for their own care, or protecting their own interests, or protecting themselves from physical or mental injury or abuse.
33. **Physical Injury:**
Includes damage to any bodily tissue caused by nontherapeutic conduct, to the extent that the tissue must undergo a healing process in order to be restored to a sound and healthy condition, or damage to any bodily tissue to the extent that the tissue cannot be restored to a sound and healthy condition. Physical injury includes skin bruising, a dislocation, physical pain, illness, impairment of physical function, a pressure sore, bleeding, malnutrition, dehydration, a burn, a bone fracture, a subdural hematoma, soft tissue swelling, injury to any internal organ, or any other physical condition that imperils the health or welfare of a vulnerable adult and is not a serious physical injury as defined in this section. UCA 62A-3-301(18).
34. **Protected Person:**
Means a vulnerable adult for whom the court has ordered protective services including, vulnerable adults for whom emergency protective services have been established under the provision of this chapter. UCA 62A-3-301(19).
35. **Protective Need:**
Abuse, neglect, or exploitation of a vulnerable adult.
36. **Protective Services:**
Means any services provided by Adult Protective Services to a vulnerable adult, either with the consent of the vulnerable adult or the vulnerable adult's guardian or conservator, or by court order, if that adult has been abused, neglected, exploited, or is in a state of self-neglect; protective services may include:
- a. An intake system for receiving and screening reports;
 - b. Investigation of referrals in accordance with statutory and policy guidelines;

- c. Protective needs assessment; coordination and referral to community resources for services; or
- d. Short-term, limited services including emergency shelter or respite when family or other community resources are not available to provide protection. UCA 62A-3-301 (20).

37. **Purchased Service:**

A social service provided by an agency other than Adult Protective Services for which Adult Protective Services assumes all or part of the cost. Social services are purchased by Adult Protective Services either through the contract or vendor method of payment if needed.

- a. Contract Method is a method of providing services under the Social Service Block Grant Plan by which Adult Protective Services purchases services from public or private organizations through a negotiated written agreement, which is based upon a proposal describing the service to be provided and all appropriate costs. Payment under this method is made as a direct reimbursement to provider for services during the effective period of the contract.
- b. Vendored Method is a method of purchasing social services whereby recipients of the service or service providers are reimbursed for the cost of a service after it has been provided. Payments may be made to individual providers or agencies only when an agreement, which has been properly executed prior to the delivery of the service, is in effect. Services provided through the vendor method must be authorized by Adult Protective Services.

38. **Recklessly:**

Means, with respect to circumstances surrounding a person's conduct or the result of his conduct, that he is aware of but consciously disregards a substantial and unjustifiable risk that the circumstances exist or the result will occur. The risk must be of such a nature and degree that its disregard constitutes a gross deviation from the standard of care that an ordinary person would exercise under all the circumstances as viewed from the actor's standpoint. UCA 76-2-103 (3).

39. **Self Neglect:**

Means the failure of a vulnerable adult to provide food, water, medication, health care, shelter, cooling, heating, safety, or other services necessary to maintain the vulnerable adult's well being when that failure is the result of the adult's mental or physical impairment. Choice of lifestyle or living arrangements may not, by themselves, be evidence of self-neglect. UCA 62A-3-301(21)

40. **Serious Physical Injury:**

Means any physical injury or set of physical injuries that:

- a. Seriously impairs a vulnerable adult's health;
 - b. Was caused by use of a dangerous weapon as defined in Section 76-1-601
 - c. Involves physical torture or causes serious emotional harm to a vulnerable adult; or
 - d. Creates a reasonable risk of death. UCA 76-5-111.
41. **Service Plan:**
A written statement defining the goal to be worked towards by the service recipient, the problem(s) to be overcome, and the projected time period during which the services will be delivered and the date for a review of the social service case plan. There is a service plan for every primary recipient of Short Term Services.
42. **Substantiated or substantiation:**
Means finding, based upon a preponderance of the evidence, that there is a reasonable basis to conclude that abuse, neglect, or exploitation occurred, regardless of whether there is an identified perpetrator or current need for protective services. If more than one allegation is made or identified during the course of the investigation, any allegation determined to meet the criteria for substantiation requires a case finding of "substantiated." UCA 62A-3-301 (23).
43. **Suspected but Unsubstantiated:**
Means there is evidence that abuse, neglect or exploitation occurred, but one or more of the following conditions exists:
- a. There is not a preponderance of evidence;
 - b. The victim refused or was unable to cooperate in the investigation;
 - c. The victim denies the allegation or recants their testimony and without their testimony there is insufficient evidence to substantiate;
 - d. The victim has the capacity to consent and requests that the perpetrator not be notified; or
 - e. The situation is a result of an informed lifestyle choice by the victim even though they may be placing themselves at risk.
44. **Undue Influence:**
Occurs when a person uses the person's role, relationship, or power to exploit, or knowingly assist or cause another to exploit, the trust, dependency, or fear of a vulnerable adult, or uses the person's role, relationship, or power to gain control

deceptively over the decision making of the vulnerable adult. UCA 62A-3-301(24).

45. **Unsubstantiated:**

Means a finding based upon a preponderance of the evidence, that there is insufficient evidence to conclude that abuse, neglect, or exploitation occurred. UCA 62A-3-301(25).

46. **Vulnerable Adult:**

Means an elder adult, or an adult who has a mental or physical impairment which substantially affects that person's ability to:

- a. Provide personal protection;
- b. Provide necessities such as food, shelter, clothing, or mental or other health care;
- c. Obtain services necessary for health, safety, or welfare;
- d. Carry out the activities of daily living;
- e. Manage the adult's own resources; or
- f. Comprehend the nature and consequences of remaining in a situation of abuse, neglect, or exploitation. UCA 62A-3-301(26).

ADULT SERVICES ELIGIBILITY

Policy #10:

Protective services are provided to eligible vulnerable adults who are being or have been abused, neglected, or exploited.

PROCEDURES:

Eligibility for APS Investigation:

See Intake Policy #20

Eligibility for Short-term Services:

All recipients of short-term services (with the exception of those receiving protective supervision only) must meet the APS income eligibility requirements as indicated in this policy and on the Adult Services Eligibility Form (APS #10), and may be obligated to pay a fee for those services. Additional eligibility requirements for Adult Day Care, Adult Foster Care, Family Support, and Protective Payee services are outlined in the Policies for these services.

Definition of a Family:

For purposes of eligibility, family is defined as follows:

1. The basic family unit consisting of one or more adults and children if any, related by blood, marriage, or adoption and residing in the same household. A child is considered to be an individual under age 18, unless the individual has been emancipated.
2. Any adults other than spouses, whether related or unrelated, living together will be considered a separate household.
3. Children living with relatives who do not have custody, emancipated minors, and children or adults living under the care of unrelated persons are considered one-person families.

Major Eligibility Type:

The Eligibility Code for all services is UN (Universal). This code is to be entered on the Adult Services Family Case Form (APS #3) and whenever an eligibility code is required.

Eligibility Procedures:

1. Assets Limitations:

For Adult Day Care, Adult Foster Care, Protective Payee and Family Support, the following shall be counted to determine if the total amount exceeds \$4,000.00 per individual in the family: fair market value of stocks, bonds, certificates of deposit, notes, savings and checking accounts, lump sum inheritance, gifts or capital gains which can be readily converted to cash and use. The value over \$4,000.00 shall be prorated over twelve months and the resulting amount shall be added to the monthly countable income.

2. Frequency of Eligibility Determination:

Eligibility status must be re-verified every year or within 30 days of a change. In some situations where income is extremely variable, eligibility may be re-figured every month. Documentation of income is required at each re-determination.

3. Adult Services Eligibility Form (APS # 10):

The worker helps the consumer complete the Adult Services Eligibility Form. Verification of income and expenses is required for all applications and must include copies of income verification for the previous month. Documentation must clearly state that it applies to the client whose application is being considered.

4. Client Payment Calculation (APS # 10):

The client's income and deductions will be used to determine the adjusted gross income. The adjusted gross income is the amount used to determine the client's payment for services.

5. Items Considered in Monthly Gross Income:

Monthly gross income means the monthly sum of income received by an individual from the following sources:

- a. Money, wages, or salary: i.e., total money earnings received for work performed as an employee, including wages, salary, Armed Forces pay, commissions, tips, piece-rate payments, and cash bonuses earned before deductions are made for taxes, bonds, pensions, union dues and other similar purposes.
- b. Net income from non-farm self-employment: i.e., gross receipts minus expenses from one's own business, professional enterprise, or partnership. Gross receipts include the value of all goods sold and services rendered. Expenses include costs of goods purchased, rent, heat, light, power, depreciation charges, wages and salaries paid, business taxes (not personal income taxes), and similar costs. The value of salable merchandise consumed by proprietors or retail stores is not included as part of the net income.

- c. Net income from farm self-employment: i.e., gross receipts minus operating expenses from the operation of a farm by a person on his own account as an owner, renter, or sharecropper. Gross receipts include value of all products sold, government crop loans, money received from the rental of farm equipment to others, and incidental receipts from sale of wood, sand, gravel, and similar items. Operating expenses include costs of feed, fertilizer, seed and other farming supplies, cash wages paid to farmhands, depreciation charges, cash rent, interest on farm mortgages, farm building repairs, farm taxes (not State and Federal income taxes), and similar expenses. The value of fuel, food, or other farm products used for family living is not included as part of net income.
- d. Social Security includes Social Security pensions, SSI, survivor's benefits, and permanent disability insurance payments made by the Social Security Administration prior to deductions for medical insurance and railroad retirement insurance checks from the U.S. Government.
- e. Dividends, interest (on savings/bonds), income from estates or trusts, net rental income or royalties include dividends from stock holdings or membership in associations, interest on savings or bonds, receipts from estates or trust funds, net income from rental of a house, store, or other property to others, receipts from boarders or lodgers, and net royalties.
- f. Pensions/annuities include pensions or retirement benefits paid to a retired person or his survivors by a former employer or a union, either directly or through an insurance company; periodic receipts from annuities or insurance.
- g. Unemployment compensation means compensation received from government unemployment insurance agencies or private companies during period of unemployment and any strike benefits received from union funds.
- h. Worker's compensation means compensation received periodically from private or public insurance companies for injuries incurred at work. The costs of this insurance must have been paid by the employer and not by the person.
- i. Alimony.
- j. Child support, including money paid for house payments, rent, etc., as specified in a divorce or support decree.
- k. Veterans' pensions, means money paid periodically by the VA to disabled members of the Armed Forces or to survivors of deceased veterans, subsistence allowances paid to veterans for education and on-the-job

training, as well as so called "refunds" paid to ex-servicemen as GI insurance premiums.

- I. Other regular monthly financial assistance, including cash, payments made for the client, etc. made by private, charitable, or religious groups. ("Regular" means three out of six months).
6. The Following Sources of Income Shall be Excluded From Gross Monthly Income:
- a. Per capita payments to or funds held in trust for any individual in satisfaction of a judgment of the Indian Claims Commission or the Court of Claims.
 - b. Net proceeds received from the sale of a primary residence or an automobile.
 - c. Money borrowed.
 - d. Insurance payments in excess of incurred costs which must be paid from the settlement.
 - e. The value of the coupon allotment under the Food Stamp Act.
 - f. The value of USDA donated foods.
 - g. The value of supplemental food assistance under the Child Nutrition Act of 1966 and the special food service program for children under the National School Lunch Act, as amended.
 - h. Any payment received under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970.
 - i. Earnings of a child (under 18 years of age) residing in the home.
 - j. Payments for energy assistance and weatherization HEAT program.
 - k. Housing subsidies paid by the Federal government.
 - l. Payments or grants received due to natural disaster.
 - m. Child support, including money paid for house payments, rent, etc., as specified in a divorce or support decree.
 - n. Educational loans, grants, or scholarships.

- 1) Any grant or loan to any undergraduate student for educational purposes that is made or insured by the U.S. Commissioner of Education. These programs are: Basic Educational Opportunity Grant Program (BEOG); Supplemental Educational Opportunity Grant (SEOG); National Direct Student Loans (NDSL); Guaranteed Student Loans; State Student Incentive Grants (SSIG); PELL Grants.
 - 2) Payments to participate in a service learning program, such as College Work-Study or University Year for Action (UYA).
 - 3) In case of any other loan, grant, or scholarship, including Veterans' Administration benefits, which is conditioned upon school attendance, disregard only that portion of the payment actually used for tuition, books, fees, equipment, special clothing needs, transportation to and from the school, and the child care services necessary for school attendance.
7. The Following Expenses Shall Be Deducted in Determining Adjusted Gross Income:
- a. Medical expenses (including Medicaid spenddown and insurance).
 - b. Storage expenses.
 - c. Child support, including money paid for house payments, rent, etc. as specified in a divorce or support decree.
 - d. Dollar amount of first mortgage/rental payment over 25% of monthly countable income (not counted for Foster Care).
 - e. Other: Fees paid for other programs, including Mental Health services or Area Agency on Aging Services.

Client Right to a Review:

Adult Protective Services are intended to be short-term and are voluntary unless court ordered. Voluntary services are not mandated by law, nor does a client have an "entitlement right" to these services. Therefore, services can be terminated by the client or Adult Protective Services at any time. If APS terminates a service the client wants to continue, the client can request an administrative review of the termination action. The purpose of the review is to establish the facts regarding the reason for the termination and to decide if the services should be reinstated. Other service alternatives may also be discussed during the review. Reasons for terminating services may include the following: the client withdraws voluntary consent, the client is not eligible for the service, the client no longer has a protective need or a need for the service, the client is

uncooperative, threatening, disruptive or refuses to follow the service guidelines or service plan, or a lack of funding to pay for the service.

The process to request an administrative review is as follows:

1. The client, or the client's guardian or family member (if the client lacks capacity to consent), must request a review of the termination of services.
2. The first level of review will be a meeting with the region supervisor, the worker, the client and any others deemed necessary by the region supervisor.
3. If the issues are not resolved by the region supervisor to the client's satisfaction, the client can request a Division review on any unresolved issues. The Division review will be conducted by the Division Director and/or the Assistant Division Director. The client and any other staff or witnesses deemed appropriate by the Division may participate in the review.

The decisions made in the Division review are final.

Termination of Short Term Services:

The worker may terminate a client's short-term service by writing a letter to the client, and the funding agency if appropriate, stating the reasons or conditions which leads to the need for termination. When possible, the letter will be delivered at least 7 days in advance of the termination date to provide adequate notice. Advanced notice may not be possible in cases which involve disruptive, threatening or violent behavior.

The letter will state that a client has the right to request an administrative review of the termination within 30 days of the date the letter was sent.

INTAKE

Policy #20:

Adult Protective Services accepts referrals from any person who has reason to believe that a vulnerable adult has been abused, neglected or exploited. All communities in the State will have access by telephone to Adult Protective Services intake in order to make referrals.

PROCEDURES:

All referral calls shall be evaluated to determine their disposition status:

1. During the call the Intake worker will ask questions and gather information from the referent to determine the referral disposition status. Each referral call will be classified into one of the following categories:
 - a. **Information Only:**
The caller is calling for information and is not trying to make an Adult Protective Services referral.
 - b. **Unaccepted:**
The referral call does not meet the criteria for an accepted referral.
 - c. **Additional Information:**
The referral call meets the criteria for an accepted Adult Protective Services referral, and there is already an accepted referral open for the alleged victim and alleged perpetrator.
 - d. **Accepted:**
The referral call meets the criteria for an accepted Adult Protective Services referral.
2. Information Only Calls:
 - a. The Intake worker will log all calls where the caller is calling for information related to aging, abuse of vulnerable adults, or for information about other agencies.
 - b. The minimum information to be logged includes the worker ID, the referral date/time.

3. Unaccepted referrals:
 - a. If the referral does not meet the criteria for an accepted referral, the Intake worker should notify the caller that the referral is unaccepted and direct the caller to other agencies that might be of assistance, when applicable.
 - b. The Intake worker will disposition the referral as unaccepted. The minimum information needed includes the Intake worker name, the referral date/time, the name of the victim, the referral county for the alleged victim, and narrative supporting the reason for nonacceptance.
 - c. The Intake supervisor will review the unaccepted referrals quarterly.
4. Additional Information Referrals:
 - a. If a referral meets the acceptance criteria and an accepted referral is already open for the alleged victim and perpetrator, and/or if the caller is giving more information on a current open referral, the Intake worker will disposition the referral as additional information.
 - b. Minimum information includes the Intake worker name, referral date/time, investigation case number, and narrative supporting the disposition status.
5. Accepted referrals require an adult to be at risk due to and allegation of abuse, neglect or exploitation and contain one of the following elements:
 - a. A person must be 18 years of age or older and have a mental or physical impairment which substantially affects that person's ability to:
 - 1) Provide personal protection;
 - 2) Provide necessities such as food, shelter, clothing, mental or other health care;
 - 3) Obtain services necessary for health, safety, or welfare;
 - 4) Carry out the activities of daily living; (See Bulletin #8)
 - 5) Manage the adult's own resources; or
 - 6) Comprehend the nature and consequences of remaining in a situation of abuse, neglect, or exploitation.
 - b. A person 65 years of age or older.

6. The Intake worker will enter the appropriate allegations from the list in the SAFE Aging Module into the referral allegation section of the referral.
 - a. **Abuse:**
 - 1) Emotional Abuse/Harm
 - 2) Physical Injury/Harm
 - 3) Unlawful Restraint
 - 4) Sexual Abuse
 - 5) Deprivation of Life Sustaining Treatment
 - b. **Neglect:**
 - 1) Caretaker Neglect
 - 2) Self Neglect
 - c. **Exploitation:**
 - 1) Financial Exploitation
 - 2) Criminal Activity Exploitation
 - 3) Sexual Exploitation
 - 4) Power of Attorney/Guardianship Exploitation

Completing Accepted Referrals:

For accepted referrals the Intake worker will gather the required information and enter it in the SAFE Aging Module.

1. Search for Prior/Current Accepted referrals:
 - a. **Prior Adult Protective Services Referrals:**

The Adult Protection computer module shall be queried as soon as possible to identify if the person being referred has had prior accepted referrals. If prior accepted referrals are found they will be documented on the Adult Protection Report.
 - b. **Prior Child Protection Services Referrals:**

If the alleged victim is between the ages of 18 and 21 years old the child abuse database will be queried to identify past involvement by the Child Protective Services system.
 - c. **Current Adult Protective Services Accepted Referrals:**

The Adult Protective Services computer module shall be queried to determine if there are any current open accepted referrals on the alleged victim. If a current open referral exists, the referral will be classified as an additional information referral.
2. The Intake worker shall determine if an emergency may exist based on the information provided by the referent:

- a. Emergency means that a vulnerable adult is at risk of death or serious physical injury or immediate harm to him or herself. Risk of immediate serious harm includes exploitation that results in the inability of a vulnerable adult to provide funds for immediate needs, including food, shelter and necessary medical care. UCA62A-3-301 (10). If a potential emergency exists, the Intake worker will:
 - 1) Immediately contact the Adult Protective Services Investigator. If the Adult Protective Services Investigator is unavailable or cannot be reached;
 - 2) The Intake worker will call the Region Director, Region Supervisor or his/her Designee to screen the referral.
 - 3) The Intake worker must continue to make calls until an investigator or supervisor is found to screen the referral.
 - 4) The Investigator, Director, Supervisor or Designee will notify Intake of the disposition status and/or priority of the referral.
- b. For accepted referrals where no emergency exists, the Intake worker will assign the referral to a worker.
- 3. Notification of other agencies:

When the initial report involves a resident of a long-term care facility, as defined by Subsection 62A-3-202 (1), the report shall be forwarded to the Local Long-Term Care Ombudsman, and the Intake worker will complete the Outside Agency Notification Form and fax or e-mail it to the Health Department, Patient Certification and Resident Assessment (PCRA).

4. Referral Assignment:

The Intake worker will assign an Adult Protective Services Investigator to each accepted referral. The assignment will be made based on the referral county for the alleged victim, the worker office and county assignment of the caseworkers, and on worker availability calendars submitted to Intake from the regions.

- a. The assigned worker for single worker offices will be the worker in the office that covers the referral county of the alleged victim. If that worker is unavailable the assigned worker will be the back-up worker assigned for that office.
- b. The assignment for workers in multiple worker offices will be made on a rotation basis for workers who are available for assignment that day.
- c. If the referral involves a State employee or a facility funded by the Division the Region Director will be notified for assistance in assigning the case for investigation to avoid any conflict of interest.

- d. The accepted referral data should be entered into the Adult Protective Services computer module within 24 hours if all information pertinent to opening the investigation is available. If only partial information is available and Intake must wait for additional information in order to open the case, Intake will hold the case for 3 working days pending receipt of the additional information from the referent. If after 3 days the information is not received, Intake will disposition as unacceptable.

INVESTIGATION

Policy #30:

Adult Protective Services investigations will be conducted on all screened and approved referrals.

PROCEDURES:

Investigation Requirements:

1. Upon receipt of an emergency referral, the investigator will immediately initiate the investigation and within 24 hours make a face-to-face visit with the alleged victim. If there is a need for protection, the investigator will take steps to protect or remove the client from harm.

Initiate the investigation means:

- a. The investigator will immediately contact law enforcement or emergency medical personnel and coordinate with them until the investigator is assured the victim is protected, or
 - b. The investigator will immediately respond to the victim's location and coordinate efforts to protect the victim.
2. If an emergency does not exist, an investigation will begin within 3 working days following the date the referral is dispositioned as an accepted referral by intake.
 3. Beginning an investigation means contacting any of the following, as appropriate:
 - a. Alleged victim (face-to-face visit)
 - b. Witnesses
 - c. Referent
 - d. Alleged perpetrator
 - e. Relatives
 - f. Others, i.e., Law Enforcement, Ombudsman, Supervisor etc.

- 4 A face-to-face interview with the alleged victim will be attempted at the victim's location within 5 working days following the date Intake dispositioned the referral as an accepted referral to the investigator. If the Investigator is unable to locate the victim, or the victim cannot be found at home within the 5-day time frame, the attempts to make the face-to-face contact will be documented by the investigator and a written extension or a waiver of the 5-day time period will be requested from the supervisor.
- 5 Law enforcement or other investigative agencies should be contacted to coordinate investigation efforts when the investigation indicates that criminal abuse, neglect or exploitation as defined in UCA 76-5-111, has occurred, or that any other criminal offense against a disabled or elder adult has occurred. If the investigator has reason to believe that his/her personal safety may be at risk, law enforcement should be contacted and asked to accompany the Investigator during the investigation.
- 6 The Investigator must attempt to determine the alleged victim's ability or capacity to make informed decisions and/or determine whether there is a physical impairment that prevents the victim from providing for his/her own care, safety, health, or management of resources, through completion of the Functional Capacity Report.

The Investigator will, document the physical and mental functioning factors present and support the factors with comments that include circumstantial and environmental observations, statements and opinions which lead to the conclusions regarding the victim's capacity to make informed decisions and regarding the victim's extent of impairment.
7. At the conclusion of all investigations, the Investigator will classify the findings in one of the following categories: substantiated, suspected but unsubstantiated, or unsubstantiated. The Investigator will document in the case record, at a minimum, circumstantial and environmental factors, observations, statements, and opinions that justify and support the findings.

Assessment and Evaluation Process:

Verify the accepted Adult Protective Services referral information.

1. Is there an allegation of abuse, neglect or exploitation and one of the following elements:
 - a. A person must be 18 years of age or older and have a mental or physical impairment which substantially affects that person's ability to:
 - 1) Provide personal protection;

- 2) Provide necessities such as food, shelter, clothing, mental or other health care;
 - 3) Obtain services necessary for health, safety, or welfare;
 - 4) Carry out the activities of daily living; (See Bulletin # 8).
 - 5) Manage the adult's own resources; or
 - 6) Comprehend the nature and consequences of remaining in a situation of abuse, neglect, or exploitation.
 - b. A person who is 65 years of age or older.
2. Gather information to complete the Assessment Documents.
 - a. Investigator will complete the Functional Capacity Assessment Report to evaluate the victim's functional ability and capacity to make informed decisions.

The following should be considered:

 - 1) Can the subject of the referral manage his/her personal needs, and are his/her activities of daily living being met?
 - 2) Does he/she understand the nature of the referral?
 - 3) Does he/she possess the capacity to accept or reject Adult Protective Services if needed?
 - 4) Is the subject of the referral aware of his/her environment?
 - 5) Are resources being managed to meet personal needs?
 - 6) What are the physical and mental functioning limitations of the victim?
 - b. Complete the Allegation Assessment(s) for the allegation(s) listed by the Intake worker and for any additional allegations discovered by the investigator during the investigation.
3. Research whether there are other agencies, organizations or services available to meet the adult's protective needs.
4. Consider whether Adult Protective Services is needed on a short-term basis to help the adult.

5. Determine the allegation result(s).
 - a. The allegation shall be **unsubstantiated** if there is insufficient evidence of abuse, neglect or exploitation due to one of the following conditions:
 - 1) There is a lack of supporting evidence.
 - 2) The victim could not be located.
 - 3) The victim refuses or is unable to cooperate in the investigation.
 - 4) The victim dies prior to initiating the investigation.
 - 5) The victim has made an informed lifestyle choice and does not appear to be at risk.
 - 6) The allegations are without merit.
 - b. If the Investigator finds that there is a preponderance of evidence to reasonably conclude that abuse, neglect, or exploitation occurred, the allegation will be **substantiated**, regardless of whether or not there is an identified perpetrator or current protective need.
 - c. The allegation shall be classified as **suspected but unsubstantiated** if there is evidence the abuse, neglect, or exploitation occurred, but one or more of the following conditions exists:
 - 1) There is not a preponderance of evidence.
 - 2) The victim refused or was unable to cooperate in the investigation.
 - 3) The victim denies the allegation or recants their testimony and without their testimony there is insufficient evidence to substantiate.
 - 4) The victim has the capacity to consent and requests that the perpetrator not be notified.
 - 5) The situation is a result of an informed lifestyle choice by the victim even though they may be placing themselves at risk.
6. Notify the referrer by mail, in person, or by telephone that the investigation is underway.

Intervention:

1. Adult Protective Services is a short-term service. Protective investigations should be completed as soon as possible. The investigation case and associated documentation must be completed within 60 calendar days from the case start date.
2. If services are needed and the client does not appear to be alert or aware enough to understand the need for services, the Investigator may:
 - a. Contact the client's family.
 - b. Contact a Mental Health professional or physician for further assessment.
 - c. Contact other agencies, organizations or services available to meet the disabled or elder adult's protective need.
 - d. Contact the Office of Public Guardian.
 - e. Request a multi-disciplinary case staffing.
 - f. Initiate a Protective Services Order with the County Attorney
3. If services are needed and the client has the capacity to make informed decisions; the Investigator will work with the client to determine available options to alleviate the protective need.
4. Adult children and parents of the disabled adult should be involved in the provision of Adult Protective Services if the adult consents or within the following parameters:
 - a. An adult child or parent of a vulnerable adult has no legal authority to act for the vulnerable adult unless that authority has been given voluntarily or by court order, power of attorney, trust, conservatorship, or guardianship.
 - b. Any person eighteen years of age or over is authorized to consent to any health care not prohibited by law, for his or her parent who is unable by reason of age, physical or mental condition, to provide such consent. Any married person may give consent for health care for a spouse. UCA 78-14-5(4)(b)(d).
5. Short-term counseling or crisis intervention may be provided, as appropriate, on substantiated or suspected investigation cases to assist the client in obtaining other services or benefits that would alleviate the identified protective need, if the process can be completed within 60 days of receipt of the referral.

6. If the investigation cannot be completed within 60 calendar days of receipt of the referral, the supervisor may approve a 30-day extension to allow the Investigator more time to complete the investigation or alleviate the protective need.
7. If the protective need is not remedied after the 30-day investigation extension, Short-term Adult Protective Services may be initiated as outlined in the Short Term Services Policy #50. Short-term services should be least restrictive and least intrusive. A short-term case may be opened with the client's consent or by court order to eliminate or prevent abuse, neglect or exploitation of the client. Clients may be required to share in the cost of short-term services as determined on the APS #10 "Eligibility Form".

Powers and Duties of Adult Protective Services:

In addition to all other powers and duties that Adult Protective Services is given Adult Protective Services:

1. Shall have access to facilities licensed by or contracting with either the Department or the Department of Health for the purpose of conducting investigations.
2. Has the authority to receive, upon request, written statements, documents, exhibits, and other items pertinent to an investigation including medical or financial records of a vulnerable adult who is the subject of an investigation when:
 - a. A release of information is provided by the vulnerable adult who does not lack capacity to consent; or
 - b. A vulnerable adult lacks the capacity to consent, and an administrative subpoena has been issued through Adult Protective Services; (See bulletin # 17)
3. Has authority to institute proceedings in a court of competent jurisdiction to seek relief necessary to carry out the provisions of this chapter;
4. May require all persons, including family members of a vulnerable adult and any caretaker, to cooperate with Adult Protective Services in carrying out its duties under this chapter including conducting investigations and providing protective services;
5. May require all officials, agencies, departments, and political subdivisions of the state to assist and cooperate within their jurisdictional power with the Court, the Division, and Adult Protective Services in furthering the purposes of this chapter.

Gaining Access to the Disabled Adult:

1. Gaining Access:

The Investigator does not enter the home of a vulnerable adult unless the adult and/or his/her caretaker consent. If the investigator is not permitted entrance to the residence of the adult, the investigator should contact relatives, neighbors or friends, or a doctor, nurse, minister, police or others who have been in contact with the adult in a professional capacity in order to gain information.

2. Court Order for Access:

Any person conducting an investigation who is unable to gain access to the vulnerable adult as a result of interference by another person may petition the court for an order authorizing the investigation and prohibiting interference. The petition must have specific supporting facts as listed in UCA 62A-3-319 and 320.

3. A hearing is held on the petition:

If the court finds that the vulnerable adult is in need of protective services and that there has been interference with conducting the investigation, the court may issue an order authorizing the investigation and prohibiting the interference (injunctive relief). UCA 62A-3-321.

Coordination with Law Enforcement:

1. When an investigation indicates that criminal abuse, neglect, or exploitation as defined in Section 76-5-111 has occurred, or that any other criminal offense against a disabled or elder adult has occurred, local law enforcement shall immediately be notified. UCA 62A-3-305(2).
2. Every effort shall be made to cooperate and coordinate services and activities of the protective service agency with local law enforcement officials.

Photographing, Video, and Audio Taping:

In order to document or preserve information regarding the alleged abuse, neglect, or exploitation of a vulnerable adult, if the vulnerable adult consents or lacks capacity to consent law enforcement or Adult Protective Services investigators may take, or cause to be taken, photographs or video tape recordings of the trauma or injury visible on the vulnerable adult, or audio or video tape accounts of the alleged abuse, neglect, or exploitation. UCA 62A-3-307.

Investigation of Adult Foster Homes:

1. All referrals that require an investigation of an adult foster home will be forwarded to the appropriate Region Director who will contact the ombudsman and make a determination as to the need for involving other agencies.

2. The investigation may utilize a team approach, involving all agencies that have responsibility for the investigation of abuse, neglect and exploitation (Ombudsman, Office of Risk Management, Bureau of Health Care Licensing, Law Enforcement and Office of Licensing).
3. An Adult Protective Services Investigator, who is not assigned to work with the Adult Foster Home, should be assigned to investigate the protective needs of the client to ensure objectivity and avoid a conflict of interest.

Access to Information:

The records and information contained in the database and the Adult Protection case files are protected records under Title 63, Chapter 2, Government Records Access and Management Act. Information and records contained in the data base and in Adult Protection case file shall be made available, at the discretion of the division, to:

1. Subjects of a report as follows:
 - a. A vulnerable adult named in a report as a victim of abuse, neglect, or exploitation, or that adult's attorney or legal guardian; and
 - b. A person identified in a report as having abused, neglected, or exploited a vulnerable adult, or that person's attorney; and
2. Person's involved in an evaluation or assessment of the vulnerable adult as follows:
 - a. An employee of the department who is responsible for the evaluation or assessment of an adult protection case file;
 - b. A multidisciplinary team approved by the division to assist Adult Protective Services in the evaluation, assessment, and disposition of a vulnerable adult case;
 - c. An authorized person or agency providing services to or responsible for the care, treatment, assessment, or supervision of a vulnerable adult named in the report as a victim, when in the opinion of the division that information will assist in the protection of or provide other benefits to the victim;
 - d. A licensing authority for a facility, program, or person providing care to a victim named in a report;
 - e. The person or entity that reported the abuse, neglect, or exploitation, as considered necessary on an individual case basis by the division; and

- f. Legally authorized protection and advocacy agencies when they represent a victim or have been requested by the division to assist on a case.

Closure:

1. If the family or another agency has taken responsibility to provide service to alleviate the protective need, or the client has refused or accepted short-term services, the investigation is closed.
2. The investigator must complete the Adult Protection Report:
 - a. Review Person Information for accuracy. A High Level Client Index (“O” number) must be assigned to a perpetrator on a substantiated case.
 - b. Complete Allegation Record. Allegation description should justify the allegation result and the result reason.
 - c. Complete documents for Allegations reported by referent and added by the investigator:
 - 1) Complete the Functional Capacity Assessment Report. Document through factors present and comments, the Investigator’s opinion regarding the victim’s capacity to consent and the victim’s disability.
 - 2) Complete the Allegation Assessment. Support allegation results by marking Factors Found and Investigation Assessment criterion.
 - 3) Complete the Caretaker Neglect Assessment whenever a caretaker has been identified as an alleged perpetrator on a case.
 - 4) Complete the Service Recommendations Report. When the case is being referred to the Case Review Committee for short-term services, the Investigator must complete the goal of service section identifying the plan of action to be taken to resolve the protective need.
 - 5) Complete the Case Closure Text. Narrative should give a summary of the status of the case at the time of closure.
 - 6) Complete the Investigation Information pertaining to contributing factors, services provided and referred, and notifications.
 - 7) Complete Activity Recording for the case. Enter narrative in the Activity Record that outlines the investigative process and provides supportive information for investigative and assessment results. Collateral contacts should be listed in the Activity Record with names, addresses, or phone numbers of people who may be

contacted in regards to the investigation. The worker's signature and date of completion is required on each page of the Activity Record.

- 8) Mail or fax any notices to collateral investigative agencies.
- 9) The worker will close the investigation in the SAFE Aging Module according to APS Policy requirements and will route the completed case folder to the Regional Director or his/her Designee. If short-term services are required to alleviate the protective need, the investigator completes with the victim an APS #2, "Voluntary Service Agreement", an APS #10 "Adult Services Eligibility Form" and when appropriate, the APS #9 "Medical Professional Certification". The investigator will also initiate or request a Case Review Committee Meeting prior to case closure as outlined in the APS Short-Term Services Policy #50.
- 10) If the client dies during the investigation, the Investigator shall complete the Deceased Client Report and submit it to the supervisor for processing.

EMERGENCY PLACEMENTS

Policy #40:

Eligible Adult Protective Services clients may receive emergency placements in a safe environment until a resolution of the immediate problem/crisis can be made.

PROCEDURE:

Eligibility:

Emergency shelter placements may be made when:

1. The individual is a vulnerable adult who has been abused, neglected, or exploited.
2. The individual's circumstances require immediate alternate living arrangement in a safe environment.
3. The individual is capable of consenting to placement and accepts services.
4. The individual is unable to consent and the Department has a court order authorizing the placement.
5. The vulnerable adult does not meet the eligibility requirements for shelter under the Family Violence program.

Length of Placement:

Emergency shelter shall be available to eligible adults for up to 30 days within a twelve-month period. Any extenuating situation warranting a stay beyond 30 days must have prior approval by the Regional Director or his/her designee.

Shelter Facilities:

1. All emergency shelter homes or facilities used by Adult Protective Services shall have a current license, certification or business license to provide the service required.
2. Individual homes must be licensed as Foster Care providers.

3. Facilities are not licensed as Foster Care providers, but are authorized to receive payment through a Form 519. Payment is made by using a form 295S or 296 as appropriate. These facilities may include:
 - a. A certified residential facility.
 - b. A hotel, motel, or board and room facility that has a current business license. These facilities must meet appropriate state or local standards.
 - c. A licensed Health Care Facility (e.g. nursing home, assisted living facility).
4. On occasion, it is difficult for Adult Protective Services to locate an emergency placement for clients in need of immediate shelter and supervision. To help facilitate the placement of clients in need of these services, each Region has the discretion to maintain adult foster homes and/or shelter homes which will be paid a retainer to be available on a 24 hour per day basis to receive immediate, time limited shelter care placements for clients referred by Adult Protective Services staff.

In addition to the emergency program guidelines for payment codes and forms, the Region may provide a monthly retainer to designated homes. The use of the retainer, the number of homes to receive the retainer and the length of time the retainer is provided will be at the discretion of the Regional Office Director or their designee based on an assessment of Region needs for emergency placements. The monthly retainer will be within the rate cap established by the Division. The retainer is in addition to the daily rate. If the home is not available for the entire month, the retainer will be prorated based on the number of days the home was available during the month. The provider will be authorized to receive retainer payment through a Form 519 using service code AER. Payment will be made at the end of each month using Form 1032. Use of the retainer fee and amount must be documented in the provider file.

To be eligible for the retainer fee, the home must have a current license for Adult Foster Care Services and agree to be available to accept immediate emergency shelter care placements when referred by Adult Protective Services staff. The retainer fee and agreement of availability will be specified in item 7 of the Adult Foster Care Agreement (APS #24). Immediate availability is defined as available to be contacted and accept placement within one hour.

Service Provision:

1. When a worker determines that an emergency shelter placement is needed, he/she will contact a licensed provider to ascertain whether they have space available, are willing to accept the individual, and are able to meet any special needs related to the individual's disability.

2. All adults placed in an emergency shelter facility shall be opened for an Adult Protective Services investigation. Workers must complete an APS #3, a 295S, or 296, as appropriate, utilizing the PIA code for payment to the provider.
3. Emergency shelter placements are considered an intermediate step while workers work with the individual to resolve their current crisis/problem.
4. The worker shall hold an interview with the vulnerable adult and, within one working day of entry into emergency shelter, will develop a plan for the purpose of beginning the process of crisis/problem resolution.
5. The individual should move out of the emergency home or facility as soon as an appropriate safe environment is available.
6. If at all possible, the adult shall return home, but only when the danger has been resolved.
7. When independent living is impossible, voluntary placement of the individual in a substitute care facility should be investigated.
8. The worker is responsible for tracking the number of days the individual is in emergency shelter placement and approving payment to the provider.

Closure:

At the time the individual leaves the facility or the provider service terminates, the APS #3 shall be closed. The worker should document the use of an emergency placement in the Adult Protection Report Activity Log. When payment for placement has been made, a copy of the payment form should be filed with the APR.

SHORT TERM SERVICES

Policy #50:

Intensive Short-term Adult Protective Services (APS) may be provided to help alleviate abuse, neglect and/or exploitation found in a substantiated or suspected but unsubstantiated APS investigation.

PROCEDURES:

Eligibility Requirements:

1. Short-term services may be offered only for substantiated or suspected but unsubstantiated APS investigations.
2. If the protective need is not resolved within 90 calendar days after the case start date of an APS investigation, short-term services **must** be initiated before further APS intervention is provided.
3. All short-term services are voluntary in nature. An APS Short Term Service Agreement (APS #2) and a Short Term Services Plan, (APS #15), must be completed before services begin. An interim service plan composed of the APR recommendations and the Review Committee recommendations will provide direction until the formal plan is in place.
 - a. The case review for Short Term Services can be initiated any time during the investigation if conditions indicate that the protective need will not be resolved before the 90-day deadline for closing an APS investigation.
 - b. A service agreement and interim plan must be completed prior to the opening of any purchase service.
 - c. A service agreement and plan may be terminated at any time by the client. The agency may terminate the service agreement and plan when one of the conditions listed in the Termination of Services, Policy # 150 exists.
4. All recipients of short-term services (with the exception of those receiving protective supervision) must meet the APS income eligibility requirements as outlined in Adult Services Eligibility Policy APS #10, and may be obligated to pay a fee for those services.

5. The Medical Professional Certification (APS #9) must be completed for all short-term services offered on medically related protective needs as outlined in APS Policy and Procedures or as deemed necessary by the worker.

Case Review Committee:

1. All short-term services will be monitored and reviewed by a Case Review Committee.
2. The Case Review Committee will consist of the primary worker, supervisor or designee, two other Region workers, and the senior assistant caseworker. The Committee is not exclusive and can include other pertinent community or agency individuals as approved by the Case Review Committee.
3. The Case Review Committee is primarily responsible for overseeing the progress made on short-term service cases towards resolution of the protective need. During a case review the Committee has the option of recommending the following actions:
 - a. Short-term services be initiated.
 - b. Short-term services be extended for up to 90 days from the case due date.
 - c. Other services, agencies and programs be pursued.
 - d. Other actions be taken by the worker.
 - e. Investigation or short-term services be closed.
4. The primary worker is responsible to see that a case review is scheduled with the Committee. He/she is also responsible for providing the Committee with all documentation needed for the review. Documentation will include where appropriate:
 - a. Adult Service Agreement (APS #2)
 - b. APS Service Plan (APS #15)
 - c. Adult Services Eligibility Form (APS #10)
 - d. Medical Professional Certification (APS #9)
 - e. APR
 - f. Case review summary

- g. Investigation and short-term case progress notes
 - h. Other pertinent information
- 5. The Case Review Committee's proceedings and recommendations shall be documented and will become part of the permanent case record. The worker will document the implementation of the recommendations in the case record.

Timeframes:

1. All case reviews will take place prior to the case closure due date. Best practice is 15 days prior to the case closure due date.
2. If conditions indicate that the protective need will not be resolved before the case closure due date, a request for an initial case review may be initiated at any time.
3. All investigations will be closed and the initial Adult Service Agreement (APS #2) and APS Service Plan (APS #15) will be written, signed, and implemented within 10 business days from the date the Supervisor approves the short-term service case. All subsequent reviews will be calculated from that date.
4. The worker will document the implementation of the recommendations in the case record. All recommendations from the Case Review Committee will be documented and added to the service plan by the worker, within 10 working days of the case review. This includes all appropriate signatures. A new service plan will be written and signed at the initiation of short-term services and at each case review.
5. The worker is documenting case activity in the activity record a minimum of every 15 days.
6. Documentation in the activity record indicates the client was seen within 10 days of the start of a purchased service to assess whether the service is meeting the goal of alleviating the protective need.
7. Documentation in the activity record indicates, at minimum, a monthly face-to-face contact with the client and as appropriate the family.
8. Case reviews may be requested until the protective need is remedied and/or short-term services are closed.
9. The Regional Director, on a case-by-case basis, may grant policy exceptions.

Interventions:

1. The following purchase services may be offered to help alleviate the protective need:
 - a. Adult day care
 - b. Respite care
 - c. Family support funds
 - d. Short-term funding for emergency shelter care.
 - e. Other services as approved by the Director or supervisor.
2. The following non-purchased services may be offered to help alleviate the protective need that include but are not limited to:
 - a. Monitoring the client in managing his/her income
 - b. Helping protect client's resources
 - c. Monitoring client's personal medical care
 - d. Seeking out other agencies, services and funding sources to meet the client need
3. All short-term services must consider the right of the client to self-determination, and should be provided in the least intrusive and least restrictive manner possible.

Service Plans:

1. All service plans will be based on the identified protective need from the APR and recommendations of the Case Review Committee.
2. All casework activities must be documented in the Activity Record.
3. A short-term case review summary will be written every three months with the following mandatory activities clearly documented:
 - a. Monthly face to face visits with the client
 - b. Weekly casework activities
 - c. Progress toward resolution of the protective need
4. The client's signature is required on all amendments recommended by the Case Review Committee.

5. All service plans must be written and/or updated following the Case Review Committee meeting.

Closure

1. Short-term service will end when one of the following conditions exist:
 - a. Protective need no longer exists
 - b. Case Review Committee recommends closure
 - c. Services are provided by or available from another person or agency
 - d. Client chooses to discontinue services
 - e. Client moves
 - f. Client transfers to another region (see policy # 130, Recording Formats: d, Closure Summary or Transfer Statement)
 - g. Client dies (the worker shall complete the Deceased Client/Employee Report and submit it to the supervisor for processing)
 - h. Noncompliance by the client or some other mitigating circumstance
2. Cases that meet any of the above conditions detailed in #1 will be closed in a timely manner.
3. The primary worker will complete a Termination Summary on the Progress Summary Form, close all purchase and direct services utilizing the APS #3. The primary worker will send the client a closure letter informing the client that their case is being terminated and stating the condition which lead to the termination.
4. Cases are not closed until all the paper work is completed and approved by the Supervisor.

PROTECTIVE PAYEE

Policy #60:

Eligible Adult Protective Services clients may receive Adult Protective Payee Services to assure that basic living needs are being met and money management skills taught appropriate to the client's level of functioning.

PROCEDURES:

Eligibility:

All requests for Protective Payee Services shall be evaluated to determine if they are appropriate for Protective Payee Services.

1. Services may be provided if:
 - a. The person meets all of the following:
 - 1) Is at least 18 years old.
 - 2) Is a vulnerable adult who has been abused, neglected or exploited and has protective need indicated by a substantiated or suspected finding which directly relates to the need for payee services.
 - 3) Has no family member, friend, or other party available or appropriate to assume this responsibility.
 - b. The person is capable of consenting to services.
 - c. The person accepts services. If consent is withdrawn by the recipient, services given without a court order shall cease.
 - d. The person's income falls within the Adult Services income guidelines. Clients may be assessed a fee for services based on the Adult Protective Services Payment Schedule. Refer to Adult Services Eligibility Policy #10.
2. Services should not be provided if:
 - a. The person is assessed by the worker to be capable of handling his own funds.

- b. The person's behavior is so abusive or violent that it constitutes a threat to staff or to other clients.
- c. The person's noncompliance or conduct adversely affects the mission of the agency, as determined in consultation with the supervisor.
- d. The person resides in a health care facility, residential treatment program, or other facility that is capable of providing payee services.
- e. The person is receiving services from another agency that could serve as payee.
- f. The person has minor children residing in the home for whom he/she has legal responsibility and for whom any type of financial assistance is received.

Service Plan:

The worker, client, family (as appropriate) and provider will develop a written service plan within 10 business days of the Short Term Services start date based on the client's needs, problems, habits, interest and background. Objectives shall be aimed at alleviating the risk factors identified at the time of the initial investigation.

- 1. Protective Payee clients are assessed individually, in regard to their circumstances and ability to manage their own funds. Based on this assessment, a service plan is developed with each client outlining how his/her funds will be managed.
 - a. All plans should include:
 - 1) A budget and the projected use of savings.
 - 2) Statement of the worker's involvement in assisting the client in accessing and maintaining benefits from other community and governmental resources.
 - 3) Statement that the client is entitled to a report of his account at least quarterly upon request.
 - 4) Time frame during which the plan is in force.
 - 5) Client's signature.
 - 6) Statement regarding the voluntary nature of this service and process for termination of the service.

Service Provision:

1. On a monthly basis, the worker will review the client's financial account and determine, with the client (if he/she is able to participate), the allocation of his/her funds.
2. Within the Short-Term Services timeframe the worker will visit clients at their residence to explore strengths and deficits and assist them in their efforts to resolve problems.
3. Income is to be allocated as follows:
 - a. Personal needs allowance as determined by funding source and/or program.
 - b. Cost of meeting the client's basic needs, such as food, clothing, shelter, and medical care.
 - c. Other costs of care or special needs. When the Department is acting as a conservator or payee, the worker should not approve expenses, which endanger the client or others in the community (i.e., approval of purchase of a car when the person does not qualify for a driver's license, etc.).
 - d. If the adult has income or assets over Medicaid limits, the worker should consider whether or not it is in the adult's best interest to apply for Medicaid and pay the medical excess, or to use the adult's funds to pay medical costs.
 - e. If, after all these costs are paid the adult has remaining income, it is to be placed in the clients trust account, which can be used to meet the client's special needs.
4. Based on the client's negotiated budget, the worker will request checks from the Business Office through a disbursement request form, which will include:
 - a. The name of the client from whose account the checks are drawn;
 - b. The amount of the check;
 - c. The name of the person/agency to whom the check should be written;
 - d. Worker signature; and
 - e. Attachment of relevant receipts if available.

5. The worker assesses the progress made towards alleviating the protective need on an ongoing basis and documents case activity in their activity log at a minimum of every 14-calendar days.

Methods of Accounting for Funds:

1. No checks will be issued unless the client has adequate funds deposited to cover the check.
2. Incoming checks should be made out to the Department or Regional Office as payee for the client. They should not have the worker's name as payee on the checks.
3. Workers acting as payee for the regional office should **not** have:
 - a. Checks made out to them.
 - b. Clients bring money to the worker for deposit by the Business Office. A client who receives money should take or mail it directly to the Business Office. The Business Office shall issue a receipt to the client and follow proper accounting procedures for the funds.
 - c. The worker's name placed on the client's private accounts.
4. Those employees who handle client's money, such as the Business Office personnel and administrative staff, cannot act as the worker assigned to the payee and cannot sign the disbursement form.
5. Workers will review account activity monthly with the client for accuracy. The client and worker will sign the account ledger, which will be placed in the client's file.

Transfer of Entitlement Benefits:

1. When the client for whom entitlement benefits are received moves out of the worker's service area, it is the responsibility of that Regional Office to inform the client of the need for the benefits to be transferred to another regional office or for the client to obtain a different payee.
2. The sending and receiving workers will follow the Social Security Regulations in their region to effect the change of payee (i.e., requesting an address change or applying to become the new payee and returning the balance of the client's account to Social Security or forwarding it to the new payee).

3. A request is made to the Trust Accountant to ensure that the account is closed and appropriate postings are made to the ledger sheet, including a statement typed on the ledger sheet with reference to the transfer and date of transfer.
4. A letter is sent to the client informing him/her of the change of payee with a copy of the ledger sheet enclosed.
5. A letter is sent to the new payee informing them of the transfer of the account, along with a copy of the ledger sheet, the account balance, and a copy of the letter written to the funding agency.

Death of a Recipient:

1. The worker shall complete the Deceased Client/Employee Report and submit it to the Supervisor for processing.
2. When a person with a protective payment account dies, any remaining expenses, including burial expenses, shall be paid from the account.
3. The worker will notify the funding agencies of the client's death and access burial funds available through the Veteran's Administration and Social Security Administration to pay part of the cost of the burial.
4. If there is money left in the account the following process should be followed:
 - a. If heirs are found:
 - 1) For accounts under \$25,000, the Division shall require the heirs to sign an affidavit, form 860 as required by UCA 75-3-1201, and assets shall be turned over to the heirs. If there is a question about distribution of the income or any other legal problem, contact the Attorney General's Office.
 - 2) For waiver accounts over \$25,000 or if the client has real property, the Attorney General's Office shall be contacted and they shall initiate probate in the district court.
 - b. If no heirs are found within a reasonable time:
 - 1) The Regional Office shall close the account and transfer the funds to the State Treasurer's Office in accordance with the Money Management Act.
 - 2) Should heirs be found after the transfer, they may still receive the estate if they apply within the statutory limit. Any such heirs should be referred to the State Treasurer's Office.

Closure:

1. The worker may terminate a payee relationship by writing a letter requesting termination of payee status and stating the condition, which leads to the need for termination. The letter is given to the client and also sent to the funding agency.
2. The Department may terminate a payee arrangement when:
 - a. The client is able to manage funds for a trial period of three months.
 - b. A funding agency requests termination of payee status.
 - c. The client meets one of the criteria listed in Termination of Services Policy #150. The client has the right to a review as outlined in Policy #10.

ADULT DAY CARE

Policy #80:

Eligible Adult Protective Services clients may receive Adult Day Care to assist them in improving their level of personal functioning and their ability to provide self-care. Adult Day Care may also be provided as respite for caregivers.

PROCEDURES:

Eligibility:

1. Adult Day Care Services may be provided on a short-term basis to resolve the client's protective need/s if:
 - a. The person is a vulnerable adult and has a protective need as indicated by a substantiated or suspected allegation result.
 - b. The person is capable of consenting to services.
 - c. The person accepts services. If consent is withdrawn by the recipient, services given without a court order shall cease.
 - d. The person requires assistance with activities of daily living.
 - e. The person cannot be left alone and requires 24-hour supervision, the caregiver works or the caregiver needs a respite placement.
 - f. The person's emotional problems interfere with activities of daily living.
 - g. The person has significant memory loss and/or cognitive impairment.
 - h. The person has developmental disabilities.
 - i. The person requires assistance in overcoming isolation associated with functional limitations and disabilities.
 - j. The person needs Adult Day Care to prevent premature institutionalization.
 - k. The person needs support in making the transition from independent living to group care or vice versa.

2. The following individuals are not appropriate for Adult Day Care:
 - a. A person with communicable diseases requiring isolation.
 - b. A person with a history of violence to self or others.
 - c. A person whose behavior is not manageable within a group setting
 - d. Persons with unmanageable incontinence, unmanageable drug addiction and alcoholism, and unmanageable wandering.
3. Persons who require medical treatment during the day may be placed in Adult Day Care if the facility is authorized to provide medical care or if an arrangement can be made for care with a licensed home health agency.
4. To be eligible for Adult Day Care the client must meet the income guidelines contained on the Adult Services Payment Schedule. Refer to the eligibility policy #10.

Placement and Supervision:

The worker must document on the APS Placement Procedure for, APS #12, that the following procedures were followed in placing and supervising Adult Protective Services Clients in Adult Day Care. Private pay day care clients are not supervised by Adult Protective services.

1. Based on the investigation results, the case review committee decides whether the request for Adult Day Care is appropriate.
2. An evaluation process must take place prior to the placement in day care services to include:
 - a. The person must have a physical examination (Medical Report for Adult Services, APS #9) prior to placement in day care.
 - b. The worker makes arrangements for adult day care.
 - c. The client will visit the day care facility prior to the placement.
3. The worker will visit the client at the day care facility to evaluate the client's progress.
 - a. The first visit will be made within 10 days after placement.

- b. Thereafter, the worker will make a minimum of one face to face with the client per month, and one visit to the client's home within the Short-Term Services timeframe.
 - c. Contacts and visits will be documented in the Short-Term Services activity log.
- 4. The worker will complete all required computer forms.

FOSTER CARE CLIENT SERVICES

Policy #90:

Eligible Adult Protective Services clients may receive Adult Foster Care to enable them to remain in a community setting and prevent premature institutionalization.

PROCEDURES:

Eligibility:

1. All referrals shall be evaluated to determine if they are appropriate for Adult Foster Care. Services may be provided if:
 - a. The person is a vulnerable adult and has a protective need, as indicated by a substantiated or suspected allegation result.
 - b. The person is capable of consenting to services.
 - c. The person accepts services. If consent is withdrawn by the recipient, services given without a court order shall cease.
 - d. Individuals who are unable to live alone and whose mental, emotional and physical conditions are such that the care given by the provider will meet the person's needs are appropriate for adult foster care if the individual:
 - 1) Needs reminding in dressing, grooming, hygiene, and bathing.
 - 2) Needs help climbing stairs.
 - 3) Walks assisted by cane or walker.
 - 4) Has transfer skills if in a wheelchair.
 - 5) Has a visual or hearing handicap.
 - 6) Has a medical condition that can be managed in a home setting.
 - 7) Drinks alcoholic beverages only in moderation and can be matched with a provider who will accept and supervise.
 - 8) Becomes depressed, self-neglectful, when living alone.

- 9) Is forgetful; mild dementia.
 - 10) Needs reminding to take medication.
 - 11) Alcoholic, if in remission and matched with a knowledgeable provider.
 - 12) Mental and emotional disabilities, when symptoms are controlled by medication and with physician's approval of foster care.
- e. Individuals with the following medical, mental and behavioral problems are not appropriate for Adult Foster Care:
- 1) Takes medication, which they are unable to manage for themselves and would have to be given by the provider.
 - 2) Is a danger to themselves or others.
 - 3) Has a communicable disease requiring isolation.
 - 4) Incontinent, unless they are capable of self-care.
 - 5) In wheelchairs, without transfer skills.
 - 6) Has mental or neurological problems that require professional supervision and treatment.
 - 7) Needs substantial assistance with toileting, dressing, grooming, hygiene, and bathing.
 - 8) Exhibits destructive verbal and behavioral problems.
 - 9) Needs nighttime supervision - wanders, becomes agitated during the night.
2. Clients must meet income guidelines as determined by completion of the APS #10, Adult Services Eligibility Form. Both the client and the agency are responsible for providing payment to the provider.

Placement and Supervision:

The worker must document on the APS Placement Procedure Form, APS #12, that the following procedures were followed in placing and supervising an individual in Adult Foster Care:

1. Based upon the investigation results, the Case Review Committee whether the request for Adult Foster Care is appropriate.
2. The worker explains the foster care program, including payment arrangements to the client and family members.
3. The client must have a physical examination and submit a medical report to the worker prior to placement. Thereafter, a client should have a physical examination and a Medical Report form (APS #9) should be completed if the client's medical condition changes. The medical report must specify that the client's health allows placement in an adult foster home.
4. The worker matches the client with the home according to neighborhood social status, ethnicity, religious affiliation, culture, living standards, educational background and matching of personalities whenever possible.
5. The worker will advise foster care providers of the potential client's behaviors, physical or medical needs, and any other challenges so that providers can knowledgeably determine whether to accept the client for placement in their homes.
6. The worker arranges for the client to have a visit with the potential foster family prior to placement whenever possible.
7. The decision as to which home shall be utilized shall be agreed upon by client, provider, and worker.
8. The worker will visit the client at the foster home to assess the client's adjustment to the placement.
 - a. The first visit will be made within 10 days after placement.
 - b. Thereafter, the worker will make a minimum of one face to face with the client per month and one visit with the foster provider and client jointly with in the Short-Term Services timeframe.
 - c. Contracts and visits will be documented in the Short-Term Services Activity Log.
9. The worker will provide consultation and counseling to client and provider as needed.
10. The worker will complete required computer forms and approve monthly payments to the provider based on the client's share and agency supplement calculated on the Adult Services Eligibility Form, APS #10.

11. If clients are living in the foster home at the time when it is determined that the home will no longer serve as an APS foster home, the worker will work with the clients to arrange alternate placements.

FOSTER CARE PROVIDER SERVICES

Policy #95:

Adult Foster Care Providers will have a current contract with the Division of Aging and Adult Services and be provided with consultation and the opportunity for training to assist them in providing quality care for clients placed in their homes.

PROCEDURES:

Eligibility:

1. Prospective Adult Foster Care Providers must be licensed through the Office of Licensing.
2. Prospective Adult Foster Care Providers must meet Adult Protective Services standards for Adult Foster Care.

Service Provision:**Contract:**

1. The worker will complete necessary assessments, APS Foster Care Provider Requirement Checklist (APS #23) Adult Foster Care Agreement (APS #24) and Provider Resource Form (519) to establish qualified applicants as foster care providers for use by APS Staff.
2. The worker will monitor compliance to the Adult Protective Services standards on a twice per contract year basis using the APS Foster Care Provider Requirement Checklist (APS #23). One monitoring visit will be performed at the time of the annual contract renewal (APS #24).
3. The worker may issue conditional contracts if areas of correction are noted during the Foster Care Standard Review. A follow up visit will be made to ensure that the foster care provider has made necessary corrections.
4. The worker will monitor and approve training hours (5 hours) received by foster care providers per contract year. (Individual Foster Provider Training Record APS #22). The worker is responsible for providing the initial 3 hours of training to foster care providers within the first three months of contracting. The worker may offer or recommend approved training material to providers to assist them in

obtaining subsequent “advanced” training as required in the Standards For Adult Foster And Emergency Care, Policy # 100.

5. The worker will provide consultation and technical assistance to providers as requested.
6. The worker will coordinate with the Office of Licensing to ensure that licensing and contracting of foster care providers is completed without disruption to services.
7. The worker will review provider maintained client files and provider manuals to ensure that they are current and complete every six months.
8. The worker will review the management of client personal needs funds and provider documentation on the use of these funds (Client Financial Disbursement / Expenditure Record APS #20) at least every three months whenever providers serve as payees for the client.
9. Every 3 months, the worker will review the “medication calendar” on clients who need reminders to take medications.
10. The worker will maintain a provider file to include the following:
 - a. Copy of License.
 - b. APS Foster Care Provider Requirements Checklist (APS #23), completed at initial application, updated yearly, and reviewed every six months.
 - c. Medical Report on Foster/Emergency Care Provider (APS #19), when applicable.
 - d. Adult Foster Care Contract and Agreement (APS #24), updated annually.
 - e. Copy of Provider Resource Form (519), updated annually.
 - f. Adult Foster Care and Emergency Care Provider Information Form (APS #17), updated as needed.
 - g. Communicable Disease Information Acknowledgement Form (APS #18)
 - h. Adult Foster Care Provider Certification (APS#21)
 - i. Worker’s Evaluation Of the Foster Home (APS #13), optional.
 - j. Record of problems or concerns which have been received about the provider but which have not resulted in revocation of the license.

Closure:

The worker will complete Form 519 for closure of the provider and e-mail it to the Bureau of Contract Management (BCM) for entry into the computer system and submit a closure summary to the provider record within 30 days of notification from the provider that he/she no longer wishes to serve as an adult foster care provider; or when the provider fails to meet the Adult Foster Care Standards; or fails to correct noncompliance areas on the APS Foster Care Provider Requirements Checklist.

STANDARDS FOR ADULT FOSTER AND EMERGENCY CARE

Policy #100:

Foster care can only be provided in homes which are licensed according to State standards. Foster care licensing is conducted by the office of Licensing. Homes approved for emergency shelter shall have appropriate business licenses.

PROCEDURES:

Contract with Adult Protective Services:

Foster care homes that are licensed by the Office of Licensing must have a contract with Adult Protective Services to provide care for vulnerable adults. The Adult Protective Services worker will coordinate and supervise placements and share information with the Office of Licensing.

Applicant Standards:

The following minimum standards shall be applied to all adult foster care homes and be monitored by Adult Protective Services as part of the contract with the provider.

1. Personal Characteristics of Adult Foster Care Providers:
 - a. Provider must be in good physical and mental health so as to be able to provide necessary care for the adult. The individual shall have a medical examination and furnish the results to the agency. A psychological evaluation may be required as needed.
 - b. Provider shall have a stable income sufficient to maintain themselves and their family so they will not be dependent upon the income created by caring for the adult.
 - c. Provider must understand and abide by the Provider Code of Conduct.
 - d. Provider must have the ability to recognize significant behavioral changes and the skill to recognize symptoms of illness and to obtain necessary medical help.

2. Family Composition:

An adult foster care provider may be a family, a couple or a single individual, age 21 or over.

3. Capacity of Home:

A home may be approved for up to three Adult Protective Services and private pay clients.

Services provided by the Adult Foster Care Providers:

The following services will be provided to all clients by the providers and will be monitored by the Adult Protective Services worker as part of the contract with the provider.

1. Adequate diet, including diets as prescribed by a physician.
2. Inclusion in regular activities of the foster care provider's family as appropriate.
3. Adequate access to health care.
4. Appropriate supervision and protective care based on client need.
5. Provide reasonable transportation.
6. Allow reasonable visiting privileges.
7. Participate in developing and carrying out the Service Plan.
8. Inform the Agency of any extreme or repeated behavioral problems.

Record Keeping:

1. Each provider will keep the following records for five years and agree to allow Federal and State representatives to review them:
 - a. Certificate of License.
 - b. Adult Foster Care Contract and Agreement (APS #24).
 - c. Records of clients served and payments received.
 - d. Client Financial Disbursement/Expenditure Record (APS #20), when the provider is responsible for client personal needs funds.

- e. Medication Calendar, when the client needs reminding to take medication.
 - f. Individual Foster Provider Training Record (APS #22).
 - g. Communicable Disease Information Acknowledgment (APS #18).
2. All records shall be held in confidence and will be made available to the client, Adult Protective Service worker, and anyone for whom the client or guardian is willing to sign a release of information form.

Training:

Division and regional staff shall see that providers receive a minimum of 3 hours training within three months of certification and an additional 4 hours within the first year. Training will include client rights, payment, certification, provider code of conduct, and other agency procedures, and requirements. Thereafter, the provider must complete 5 hours training annually. Providers should receive ongoing consultation and training from staff to help in meeting the client's needs.

Emergency Care Facilities:

1. If homes are approved for Emergency Care Facilities for adults, they shall meet the same standards as Adult Foster Homes.
2. If other facilities are approved for emergency shelter and food, they shall have appropriate business licenses. Placement in such facilities shall not exceed 30 days. These facilities are not certified as foster care providers, but are opened for payment on Form 519. Payment is made by using Form 295S, 296, or 520 as appropriate.
3. For additional information see Emergency Placement Policy # 40.

FAMILY SUPPORT SERVICES

Policy #110:

Eligible Adult Protective Services clients may receive Family Support assistance to increase the capabilities of families to care for them in the natural home setting when no other services are available to address the client's protective need.

These Services are intended to maintain the individual in the client's home or in a family member's home and prevent premature institutionalization.

PROCEDURES:

Eligibility:

1. Family Support Services may be provided on a short-term basis to resolve the client's protective need(s) if:
 - a. The person is a vulnerable adult and has a protective need, as indicated by a substantiated or suspected allegation result (see Investigation Policy #30).
 - b. The vulnerable adult is unable to live unassisted due to mental, emotional and physical conditions and requires assistance or care in order to be able to remain safely in the community.
 - c. An APS # 9, Medical Professional Certification form is completed by the Adult Protective Services worker for respite care or other medically related protective needs, and indicates that the vulnerable adult can remain in his/her own home or the home of a relative and would benefit from Family Support assistance.
2. The client meets income guidelines:
 - a. Worker helps the client complete the Adult Services Eligibility Form, APS # 10. (See Adult Services Eligibility Policy #10).
 - b. The person must meet the income guidelines contained on the Adult Services Payment Schedule, or may be eligible on a private pay basis.
 - c. The amount of payment will be negotiated by the worker and the client and/or the client's family within the needed service guidelines (see types of Family Support Services).

- d. Income eligibility must be reassessed on a yearly basis or when change occurs.

Types of Family Support Services:

1. Respite Care:

Respite Care is defined as a period of intermittent time-limited relief from care giving responsibilities. This care may be provided on an hourly basis, up to 6 hours a day, or on a 24 hour (daily) basis.

- a. The APS worker will assess the needs of the client and the care activities required by the client during the respite care time to determine the amount of respite and type of services to be provided. The type and amount of services will be written on the Family Support Agreement and agreed to by the client and/or family and the provider before services are rendered.
- b. Respite Care may be provided in the following manner:
 - 1) In Home Respite Care Services are offered in the client's or care giver's home. A trained Respite Care Provider gives short-term care in the person's home. The Provider is responsible for activities outlined in the Family Support Agreement as determined by the Adult Protective Services worker, client, and family. Services **not** funded by the Division under respite care in the home are caring for other members of the family, performing household tasks, and provision of transportation services.
 - 2) Out of Home Respite Care Services are provided in the home or facility of the Respite Provider. Services and restrictions are the same as those listed under In Home Respite Services.
 - 3) Nursing Facility Based Respite Care Services are provided in a nursing facility, in extreme cases, when other respite services are not appropriate or are not available. Nursing Facility Based Respite Care Services must be pre-approved by the Region Director.
- c. Respite Care payments will only be made to Adult Protective Services authorized providers. Payments are limited to a maximum of \$300 per month. Exceptions may be approved by the Region Director but shall not exceed \$540 per month. An hourly rate is used for respite care services of less than 6 hours. A daily rate is used for Respite Care Services of 6 or more hours. Clients may be required to share in the cost of services based on the Adult Services Eligibility Form, APS #10.

2. Supported Living:

Supported Living Services are payments made to providers which enable the client to remain in their own home, or in the home of a relative.

- a. The Adult Protective Services worker will assess the needs of the client with the client and/or family of the client and where appropriate, with the family support provider, to determine the amount and type of services to be provided.
- b. Supported Living Services may include but are not limited to:
 - 1) Short term supervision
 - 2) Transportation
 - 3) Assistance with shopping
 - 4) Training or assistance in activities of daily living
- c. Supported Living payments will only be made to providers authorized by Adult Protective Services. Payments are limited to a maximum of \$300 per month. Exceptions may be approved by the Region Director but shall not exceed \$540 per month. Clients may be required to share in the cost of services based on the Adult Services Eligibility Form, APS #10.

3. Financial Support:

Financial Support Services are supplementary payments made to the client, family care giver, or other provider which enable the client to continue to live in his/her own home or in the home of a relative.

- a. The Adult Protective Services worker will assess the needs of the client with the client and/or family of the client, to determine the amount of support to be provided.
- b. Financial Support payments need to directly benefit the client, and **not to support the caregiver or care giver's family**. Payments may be made for but are not limited to the following:
 - 1) Medications or medical treatment not covered by insurance or other medical coverage
 - 2) Medical equipment or supplies not covered by insurance or other medical coverage
 - 3) Transportation

- 5) Minor repairs or modifications
 - 4) Rent
 - 5) Food
 - 6) Clothing
- c. Financial Support payments should be made directly to the vendor when possible. Payments are limited to a maximum of \$300 per month. Exceptions may be approved by the Region Director but shall not exceed \$540 per month. Clients eligible for Financial Support payments are **not** expected to share in the cost of the supplemental payment.

Service Provision:

Each Family Support client is assessed individually, in regard to their circumstances and needs. If Family Support Services are appropriate:

1. The worker explains the Family Support Services that may meet the client's needs, on a short-term basis, to the client and family members.
2. The worker completes with the client and family members an APS Service Agreement # 2, and an APS Service Plan for the agreed upon services, and when applicable, the client's share of payment. The Service Plan must be updated when there is a change in client income, provider or type of services.
3. The worker visits the client to evaluate the client's satisfaction with the services and to assess the client's continued need for Family Support Services.
 - a. The worker will visit the client within one week of the start of services or the change in provider or type of services.
 - b. The worker will make a face-to-face contact with the client at least every 30 days.
4. The worker will provide consultation and counseling to the client and provider as needed.
5. The worker approves payments as established in the Family Support Plan and Agreement.
6. The worker will complete required computer forms. A 519 Provider Resource Form will be completed and sent to the Bureau of Contract Management (BCM) to establish the family or provider in the computer system. The PCP code will be used for direct ongoing services. The FSP purchased service code will be used when the provider is an agency, and the FIP purchased service code will be used

when the provider is an individual. A PIA payment code will be used for emergency respite service payments.

Termination of Services:

See Termination of Services Policy #150.

LEGAL INTERVENTIONS

Policy #120

The agency shall petition the court for legal authority to intervene when it has determined that the vulnerable adult cannot be protected in any less restrictive manner.

PROCEDURES:

Court Orders:

Involuntary protective services may be provided to a vulnerable adult who lacks capacity to consent to those services upon court order. (62A-3-318 and 319).

If APS believes that a vulnerable lacks the capacity to consent to protective services, and believes the adult is in need of protective services, APS may petition the district court for authorization to provide protective services. (62A-3-318 and 319).

Types of Court Orders:

APS may petition the court for three types of court orders outlined in statute:

1. An order to allow APS to provide protective services when a vulnerable adult lacks the capacity to consent to services. (62A-3-318 and 319).
2. An emergency order when a vulnerable adult is in an emergency situation and the person to be protected does not have a Guardian or Conservator authorized to act on his behalf or his Guardian or Conservator has failed or refused to act. (62A-3-320).
3. An order of injunctive relief prohibiting a caretaker from interfering when a caretaker refuses to allow APS to provide needed protective services. (62A-3-321).

Emergency Orders:

Prior to seeking an emergency order, the following elements must be met:

1. The person to be protected must be a vulnerable adult.

2. An emergency situation exists. Emergency means a circumstance in which a vulnerable adult is at an immediate risk of death or serious physical injury or is at risk of immediate, serious harm. Risk of immediate serious harm includes exploitation that results in the inability of a vulnerable adult to provide funds for immediate needs, including food, shelter, and necessary medical (62A-3-301(10)).
3. The person does not have a Guardian or Conservator authorized to act on his behalf or his Guardian or Conservator has failed or refused to act.

Types of Emergency Orders:

1. An order to provide immediate protection to the victim in preparation for filing a court order for temporary or permanent guardianship involving the Office of Public Guardian.
2. An order to provide immediate protection to the victim until arrangements can be made for families, or for the victim to recover sufficiently, to make decisions on the victim's behalf or for family or private providers to file for guardianship or conservatorship.

Emergency Orders filed with the intent to obtain temporary or permanent Guardianship:

If the APS worker seeks an emergency order and believes the victim will require a temporary or permanent Guardian or Conservator to act on their behalf when the emergency order expires after 3 working days, the APS worker will immediately contact the Office of Public Guardian.

The APS worker will be prepared to provide the Office of Public Guardian (OPG) with the following information in order for OPG to evaluate referrals for temporary or permanent guardianships and / or conservatorships:

1. The reason(s) for the emergency protective order and/or the need for temporary or permanent guardianship, including:
(These items are found on the OPG referral form)
 - a. The victim's current health and mental health status
 - b. The victim's current living arrangements
 - c. Whether the victim is a danger to him/herself or others
 - d. Whether the victim needs nursing home care
 - e. What decisions is the victim incapable of making

- f. What has been done to identify family or others to serve as guardian
 - g. The alternatives to guardianship that have been considered and rejected
 - h. The date OPG needs to have the assessment for guardianship completed
2. If OPG determines that a temporary or permanent guardianship is needed, OPG will contact the Attorney General's office or the local County Attorney and coordinate preparation and submission of the guardianship petition and guardianship documents. APS staff will provide assistance to the OPG in:
- a. Preparing an affidavit from the APS worker in support of the guardianship petition.
 - b. Obtaining a letter from a physician or a Ph.D. psychologist attesting to the victim's incapacity and need for guardianship which can be used in preparing an affidavit.
 - c. Arranging for transportation of the victim to the guardianship hearing. Obtaining a letter from the victim's physician or psychologist excusing the victim from attending the guardianship hearing, if the victim is unable to attend the hearing for medical reasons.
3. If the OPG accepts the case and files for guardianship/conservatorship and the victim is protected pending the court hearing the APS worker may close the case.

Emergency orders for temporary protection:

1. When an emergency order is needed to provide temporary (no more than 3 working days) protection for a victim and public guardianship or conservatorship is **not** required, the APS worker will do the following:
- a. Staff the case with the lead worker or supervisor.
 - b. If an emergency order is needed, contact the local county attorney's office or the Attorney General's Office and discuss the case to assess whether it is appropriate to petition for an emergency order.
 - c. If the case is appropriate for an emergency order the worker will:
 - 1) Obtain a letter from the physician or Ph.D. Psychologist stating that the client lacks the capacity to consent.
 - 2) Prepare an affidavit for the Court. See APS Form #48.
 - 3) Complete the APS Form #58.

- 4) Submit the above documents and all other appropriate documents to the attorney to provide the necessary information to prepare the petition.
- 5) If an emergency order is granted, the worker will coordinate with the victim, family, and as appropriate, private providers and medical staff, to resolve the emergency situation within the 3 working days allowed by the court order.

Protective Services Order:

If APS believes that a **vulnerable adult** lacks the capacity to consent to protective services (including investigations) and believes that the adult is in need of protective services, APS may petition the district court for authorization to provide protective services. (UCA 62A-3-318 and 319)

Prior to petitioning the court the following will take place:

1. The APS worker discusses the case with the Lead Worker or Supervisor to assess the appropriateness of filing a petition for a protective service order.
2. In the case of a vulnerable adult who is at risk of serious harm without intervention, other less intrusive ways of intervening must be reviewed. If there is no less intrusive intervention, consultation with the county attorney's office or attorney general's office will be required.
3. The APS worker will assist the appropriate Attorney in gathering facts to prepare the petition. The Court will require evidence that the victim lacks the capacity to consent to services and is in need of protective services. (UCA 62A-3-318 and 319).
4. The APS worker will follow the specific purpose and limitations of the court order and will seek, through the appropriate Attorney and the Court, to dissolve the order when there has been a substantial change in circumstances. (62A-3-319).

Petition when a Caretaker Refuses to Allow Services:

When a vulnerable adult is in need of protective services (including investigations) and the caretaker refuses to allow the provision of those services, the APS worker may petition the court for injunctive relief prohibiting the caretaker from interfering with the provision of protective services. (62A-3-321).

The APS worker must do the following when seeking a petition for injunctive relief:

1. Discuss the case with the Lead Worker or Supervisor to assess the appropriateness of seeking the petition. Factors to consider include the following:
 - a. Are there other less intrusive ways to provide the services by involving family, friends, religious leaders etc. to help gain access to the victim?
 - b. Are there sufficient facts to show that the vulnerable adult is in need of protective services?
 - c. Are there sufficient facts to show that the vulnerable adult either consents or lacks the capacity to consent to those services and that the caretaker refuses to allow the provision of those services?
2. If the case is sufficient to warrant a petition, the appropriate County Attorney's Office or the Attorney General's Office will be contacted to discuss whether a petition will be filed.
3. The APS worker will cooperate with the appropriate Attorney to supply the facts and information necessary to file the petition.
4. If injunctive relief is provided by a court order, the APS worker will comply with the specifics of the order in providing the protective services authorized by the court.

AFFIDAVIT

1. State your name.
2. State your specific responsibility for the Division of Aging and Adult Services.
3. Under what circumstances did you come to know the victim? (i.e., received an Adult Protective Services Referral.)
4. Set forth the facts as you have observed them or that you personally heard from the subject or related individual (i.e.. family, friends, caregivers, etc). The unfolding of events should follow in chronological order.
5. Statement of why it is the workers belief that the victim is in need of legal intervention.
6. Worker must sign and date the affidavit in the presence of a notary.

Office of Public Guardian Referral Form

1. Worker's name: _____ Title: _____

Telephone number: _____ Address of Office: _____

2. Victim's full name: _____

3. Address: _____

4. Gender: _____ 5. Place and date of birth: _____

6. Marital-status/other significant relationship: _____ 7. Social Security # _____

8. Victim's need for emergency protective order *and* temporary or permanent guardianship (summarize victim's current health and mental health status, including disability and diagnosis; current living arrangements; whether danger to self or others; whether nursing home care is needed; areas incapable of making decisions):

9. Alternatives to guardianship considered and rejected:

10. Have family members or significant others been contacted: ____ Yes ____ No

Results: _____

Names, addresses, telephone numbers of known family members and significant others:

11. Any known advance directives (e.g., living will, special power of attorney, medical treatment plan or declaration for mental health treatment for health care, burial plan):

12. All known assets (e.g., Social Security, Veteran's benefits, pension, property, checking and savings accounts):

13. I need OPG's assessment for guardianship completed by: _____

PREPARATION AND MAINTENANCE OF CLIENT RECORDS

Policy #130:

Each Adult Protective Services client open for services must have an individual written record that gives a clear picture of the client's history with APS. All files will be kept current and maintained in a central secure location at each local office.

PROCEDURES:

1. Investigation Case Files:

- a. A hard copy file shall be maintained on each person on whom an accepted APS investigation has been made.
- b. The Adult Protection case file contains all forms and case materials, including police reports, court documents, and payment forms.
- c. Files are kept in folders with clasps on both sides.
- d. Each folder should be labeled with the client's name and case number.
- e. Files must contain information needed for the documentation of services and for court activity and other needs. Files should be written in a professional manner and contain records of fact. Hearsay evidence, worker's professional opinion, or situational judgments should be labeled as such in the case record.

2. Investigation Case File Format:

- a. Documents will be arranged in the following order from top to bottom on the right side of the case folder:
 - 1) Adult Protection Report
 - 2) Capacity Assessment
 - 3) Allegation Assessment
 - 4) Service Plan Recommendations

- 5) Case Activity Record
 - 6) APR Investigation Extension (APS #1)
 - 7) Other Case Documents
- b. Multiple cases on the same client will be maintained in the same folder with unsubstantiated cases on the left and suspected and substantiated on the right. Individual cases in the same case folder will be separated by a tabbed divider.

3. **Short-term Service Case Files:**

- a. A hard copy file shall be maintained on each person who has been approved for short-term services.
- b. The Adult Protection Case file contains all forms and case materials, except, payment forms (520's), and disbursement requests (298's), which are separate from the official record.
- c. Files are kept in multi-divided folders with clasps on both sides.
- d. Each folder should be labeled with the client's name and case number.
- e. Records must contain information needed for the documentation of services and for court activity and other needs. Records should be written in a professional manner and contain records of fact. Hearsay evidence, worker's professional opinion, or situational judgments should be labeled as such in the case record.

4. **Short-term Service Case File Organization Format:**

Files will be arranged in the following headings. Within each heading, documents shall be chronological, with oldest on the bottom. In filing, discard multiple copies of documents. Documents will be filed in the following order:

- a. Computer Documents - Left side of file folder:

<u>Form</u>	<u>Document</u>
295S	One-time Payment
296	Over the Counter Check Issuance
RCP #1054	Turnaround Document
APS # 3	Adult Services Family Case Form
CP05	Primary Person Update Screen

- b. Correspondence - Right side of file folder:

Letters, notes, cards for clients from relatives, agencies and individuals associated with the case. Correspondence between the agency and service providers, excluding progress reports.

- c. Agreements/Releases - Right side of file folder:

<u>Form</u>	<u>Document</u>
APS #2-2A	Voluntary Service Agreement
APS #4	Authorization to Furnish Information & Release from Liability
APS #5	Authorization to Furnish Information & Release from Liability
APS #8	Agreement to Repay Emergency Assistance

- d. Eligibility - Left side of file folder:

<u>Form</u>	<u>Document</u>
APS #10	Eligibility Declaration for Adult Services
***	SSI Award Letters
***	Verification of Income
***	Copies of Social Security cards, birth certificates, Medicaid cards, Medicare cards

- e. Court Documents - Left side of file folder:

<u>Form</u>	<u>Document</u>
APS #48	Affidavit on APS initiated legal intervention
***	Petitions
***	All court orders
***	Summons
DHS 860	Affidavit for Collection of Personal Property

- f. Service Plans - Right side of file folder:

<u>Form</u>	<u>Document</u>
APR	Adult Protection Report
APS #1	APR Investigation Extension
***	Short Term Services Review Committee staffing form
APS #40	Service Plan

- g. Recording - Right side of file folder:

Form**Document**

***	Initial Case Review
***	Monthly Summaries
***	Case Review Summaries
***	Transfer Summaries
APS #44	Closure Summary
APS #43	Short Term Services Activity Log
***	Protective Case Management Progress Summary

h. Assessments - Left side of file folder:

Form**Document**

APS # 9	Medical Report for Adult Services
***	Physical and Medical Reports
***	Psychological Evaluations
***	Social Studies
***	Other Assessments

i. Other Forms - Right side of file folder:

Form**Document**

APS # 6	Adult Services Case Transfer Information
APS # 7	Client Information
APS #14	Short Term Services Day Care/Foster Care Placement Procedure
APS #52 -53	Quality Assurance Review Forms
***	Deceased Client/Employee Incident Report

j. Payee Documents - Right side of folder:

Form**Document**

APS #16	Management of Client Income Budget Worksheet
APS #36	Trust Account Authorization Form
APS #37	Trust Account Closure Form
***	Accounting Ledgers
***	VA & Social Security Reports

5. **Uses of Client Information:**

Adult Protection Case Files may be used only for purposes of administration of the program which include establishing a client's eligibility, providing services,

making service payments, investigating allegations of fraud and performing program or fiscal reviews of audits.

- a. **Release of Information to an Outside Agency:**
Provisions for the release of information obtained as a result of an investigation are covered in state statute. UCA 62A-3-311 and 62A-312 provides that all information is confidential and cannot be released except as noted in this statute. Outside agencies that can obtain information, and the information they can obtain, are noted in the statute. Requests for information from APS records should be forwarded to the Attorney General's Office for review.
- b. Records must remain in the office except when subpoenaed by a Court of competent jurisdiction, or when requested by a Division Director or other authorized Department representative.
- c. When records are subpoenaed, the Regional Director arranges legal representation by the County Attorney or Attorney General. Staff members subpoenaed appear in Court but do not take the record unless it is subpoenaed.

6. Access to information in the data base:

The records and information contained in the database and the Adult Protection Case File are protected records under Title 63, Chapter 2, Government Records Access and Management Act (GRAMA). However, notwithstanding the provisions of Title 63, Chapter 2, Government Records Access and Management Act, information and records contained in the database and in the adult protection case file are not open to public inspection. Pertinent parts of the data base and the adult protection case file shall be made available to Law Enforcement Agencies, the Attorney General's Office, and County or District Attorney' Offices and may be made available, at the discretion of the Division, as outlined in 62A-3-312.

7. Release of file information:

- a. Requests for information contained in an adult protection case file shall be made in writing to Adult Protective Services. Request should indicate the specific information requested and the reason for the request. Notwithstanding the provisions of Title 62, Chapter 2, Government Records Access and Management Act, nothing may be released in response to a request except as provided in Section 62A-3-312.
- b. Written requests for records will be forwarded to the Attorney General's Office for review and response prior to releasing any information.

- c. Third-Party Documents: Third-party documents such as psychological, medical exams, reports from other agencies will be released to the client or his/her representative only if the client obtains a signed letter of release from the provider.
- d. The identity of any person reporting or otherwise giving notice of allegations of abuse, neglect, or exploitation of a vulnerable adult may not be released to any person other than employees of the division, except as provided in Section 62A-3-312.

8. **Agency Requests for Information:**

- a. When Adult Protective Services requests information, the applicants, clients, referents, and other informants who are giving the information to the agency must be told:
 - 1) Why the information is being collected?
 - 2) The uses of the information.
 - 3) What will happen if they do not release the information?
- b. The Federal Privacy Act requires that a person who is asked for his/her Social Security Number be told the uses the agency will make of the Social Security Number and that giving the number is voluntary.

9. **Transfer of Adult Protection Case Files:**

- a. Files shall be transferred from one Office to another when the client receiving services moves from one Region to another.
- b. Before transferring a file, the sending Region Director should inform the director in the receiving Region, review the file for completeness and copy the complete Case File and review it for closure.
- c. A completed Adult Services Case Transfer Information Form (Form APS # 6) must accompany the case file.
- d. Files being transferred are sent in a sealed envelope and appropriate measures shall be taken to insure security of the file.
- e. The receiving Region Director shall acknowledge receipt of the record, review the record for completeness and assign it to a worker for services.

10. **Retention of Files**

All investigation and short-term service files, including supporting documents needed for an audit, are kept in the Region for 2 years after service closure, or until the completion of an audit that is in progress. Files are sent to archives following current State Archive and Records procedures where they are kept for an additional 8 years. Adult Protective Service files are retained a total of 10 years from the end of services.

QUALITY ASSURANCE

Policy #140:

The Division is responsible for monitoring Adult Protective Services activities at the regional level. Each region responsible for Adult Protective Services will be monitored annually.

PROCEDURES:

Investigation Case Quality Assurance:

1. The Region Director will ensure that all closed investigation cases are reviewed and that a Policy Compliance Guide is completed for each closed investigation case.
2. The Region director, Supervisors, Lead Workers, or other designated staff will review each closed investigation case and complete the Policy compliance guide for the case.
3. Each closed investigation case will be reviewed and marked as Quality Assurance (QA) approved within 30 days from the case closure date.
4. If the case meets the Policy Compliance requirements, the reviewer will mark the case as QA approved in the SAFE database.
5. If the investigation case does not meet the Policy Compliance requirements, the case will be re-opened, or returned to the assigned caseworker to correct the items that are out of compliance.
6. When the caseworker has corrected the out of compliance items he will return the case to the case reviewer.
7. The reviewer will make a note in the case record for any items that are not correctable and mark the case as QA approved.
8. The reviewer will sign and date the printed hardcopy of the case as QA approved.

Short-Term Services Case Quality Assurance:

1. The Region Director will ensure that all Short-Term Service Cases are reviewed and that a Policy Compliance Guide is completed for each Short-Term Service case.
2. The Region Director, Supervisors, Lead Workers, or other designated staff will review each short-term service case and complete the Policy compliance guide for the case.
3. Each open Short-Term Services case will be reviewed on the Initial Policy Compliance within 30 days from the case start date.
4. If the Adult Protective Services Worker requests to convene a case review committee on an opened Short-Term Services case the reviewer will complete the ongoing Policy Compliance items prior to the Case Review Committee meeting. If the case is closed without a Committee meeting, a review of the ongoing and closure Policy Compliance items will be completed within 30 days of the case closure date.
5. If the case meets the Policy Compliance requirements, the reviewer will mark the case as QA approved in the SAFE database.
6. If the Short-Term Services case does not meet the Policy Compliance requirements, the case will be returned to the assigned caseworker to correct the items that are out of compliance.
7. When the caseworker has corrected the out of compliance items he will return the case to the case reviewer.
8. The reviewer will make a note in the case record for any items that are not correctable and mark the case as QA approved in the SAFE database.
9. The reviewer will sign and date the printed hardcopy of the case as QA approved.

Cross-Region Quality Assurance Procedure:

1. Each Region Director will conduct a review of another Region's selected investigation Adult Protective Services and Short-Term Service cases utilizing the policy compliance guides. The cases reviewed will include cases from all of the Adult Protective Services caseworkers in the region.
2. The reviewing Region will follow the Quality Assurance Procedure in this policy for Investigation and Short-Term Service cases.
3. The results of the Quality Assurance audit will be sent to the Region Director of the reviewed Region.

TERMINATION OF SERVICES

Policy #150:

Services provided by Adult Protective Services will be terminated when the conditions which lead to the abuse, neglect or exploitation no longer exist and the vulnerable adult is protected or when a vulnerable adult receiving voluntary services requests that those services be terminated.

PROCEDURES:

1. Protective services shall be terminated when:
 - a. The vulnerable adult is no longer in danger of abuse, neglect or exploitation.
 - b. The vulnerable adult who voluntarily accepted services requests that those services be terminated.
 - c. The court terminates an order requiring Adult Protective Services to provide services.
 - d. The vulnerable adult is receiving adequate services from other appropriate agencies.
 - e. The vulnerable adult's behavior is so abusive or violent that it constitutes a threat to staff or to others.
 - f. The vulnerable adult's noncompliance or conduct adversely affects the mission of the agency as determined in consultation with the supervisor.
 - g. The vulnerable adult is no longer able to meet the eligibility requirements for Adult Foster Care, Adult Day Care or Family Support Services.
 - h. The client moves out of the region.
 - i. The client dies
2. When the worker is terminating a protective services case a letter will be sent to the client informing the client their case is going to be terminated and stating the condition which leads to the need for termination.

3. Protective services shall be terminated upon the death of a vulnerable adult. When appropriate, the following procedures should be followed: (For protective payee death, see procedure in Protective Payee Services).
 - a. The family of the vulnerable adult will be contacted to arrange for the funeral and burial. Whenever family is available, they should take responsibility to plan and finance all funeral and burial activities.
 - b. If the family is unable to pay for the burial, the worker may assist by providing the family with a list of other resources, i.e., relatives, churches, insurance, and the County Commission, who can be requested to pay burial or cremation expenses.
 - c. If the family cannot be located and no other person or group will accept responsibility, the worker will make the necessary contacts to arrange burial.
 - d. The worker will notify SSA, VA, or other sources of entitlement benefits if Adult Protective Services is acting as protective payee.
4. When a vulnerable adult who, is receiving protective services dies, the worker will immediately complete the Deceased Client/Employee Report form and submit it to the Region Director. The Region Director will review the report to assess whether it meets the criteria in the DHS Policy and Resource Manual, Section 05-02, Fatality Review. If it does, the Regional Director will immediately notify the Division of Aging and Adult Services. If it does not, the report will be filed in the client record.
5. Termination of services is not complete until all of the paperwork and reports are completed and placed in the client file.
6. Client Right to Review

Client Right to a Review:

Adult Protective Services are intended to be short-term and are voluntary unless court ordered. Voluntary services are not mandated by law, nor does a client have an “entitlement right” to these services. Therefore, services can be terminated by the client or Adult Protective Services at any time. If APS terminates a service the client wants to continue, the client can request an administrative review of the termination action. The purpose of the review is to establish the facts regarding the reason for the termination and to decide if the services should be reinstated. Other service alternatives may also be discussed during the review. Reasons for terminating services may include the following: the client withdraws voluntary consent, the client is not eligible for the service; the client no longer has a protective need or a need for the service, the client is

uncooperative, threatening, disruptive or refuses to follow the service guidelines or service plan; or a lack of funding to pay for the service.

The process to request an administrative review is as follows:

1. The client, or the client's guardian or family member (if the client lacks capacity to consent), must request a review of the termination of services.
2. The first level of review will be a meeting with the Region Supervisor, the worker, the client and any others deemed necessary by the Region Supervisor.
3. If the issues are not resolved by the region supervisor to the client's satisfaction, the client can request a Division review on any unresolved issues. The Division review will be conducted by the Division Director and/or the Assistant Division Director. The client and any other staff or witnesses deemed appropriate by the Division may participate in the review.

The decisions made in the Division review are final.

TRAINING

Policy #160

All staff shall satisfactorily complete required Department of Human Services training as scheduled. Staff will complete the APS Certification course within a year of their hire date with Adult Protective Services and maintain that certification each year.

PROCEDURES:

1. APS certification consists of a minimum of 40 hours of class time; "satisfactory" means achievement of a score of 75% or better on each post-test and any other required coursework.
2. Once staff has become certified in Adult Protective Services, they shall maintain this certification by completing a minimum of 20 hours of advanced training each year. Advanced training courses shall be related to adult services job duties and current issues.
3. In order to receive advanced training credit for certification purposes, staff must receive Supervisor's approval for any training not conducted by the APS Trainer. Approval should be obtained prior to the actual dates of the training.
4. Supervisors and/or staff shall notify the training coordinator of all advanced training they have attended during the year.
5. The Training Coordinator shall:
 - a. Maintain a record of all certification and advanced training received by staff.
 - b. Produce an annual report or list of all certification and advanced training credit hours received by APS staff during the year. This report will be distributed to the Division office and Regional Supervisors.
 - c. Notify staff in advance of certification and advanced training. The Coordinator will list topics and the number of credit hours to be given for each training.
6. Performance evaluations shall include a review of training credits and certification status.